

SOCIAL SERVICES DEPARTMENT

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College Financial Assistance Program

Delaware Nation College Financial Assistance Program's main focus is to assist full time college students with various college expenses such as; tuition, transportation costs, books expenses, lab expense, food, or what is deemed necessary for the student to reach their academic goals.

REQUIREMENTS

- Student must be enrolled with the Delaware Nation.
- A **Higher Education** application must be completed before this CFA application is considered.
- Student is required to carry at least 12 credit hours per semester and maintain a 2.5 GPA or above. **Any student on academic probation for the prior semester will not be eligible for CFA.**
- Student is required to submit an application each semester.
- **Max award per semester:** \$1,000 per student. Check is mailed to the student.

RESPONSIBILITIES

- The student is responsible for completing and submitting a CFA application every semester.
- All prospective students are expected to apply for financial aid through the college Financial Aid Office.
- The student is responsible for submitting his/her official transcript, class schedule, and receipts at the end of each semester.
- The student must notify this office if student withdraws from class.

REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be placed on **pending status**. Pending status does not guarantee funding.

- ✓ College Financial Assistance application must be submitted each semester
- ✓ Must complete a Higher Education Application and all supportive documents each academic year
- ✓ Official transcript each semester
- ✓ Class schedule

SERVICE AREA

Nationwide

Email: ssapplications@delawarenation-nsn.gov



College Financial Assistance

PLEASE READ CAREFULLY: Eligible applicants will receive assistance in the amount of **\$1,000 per semester** upon availability of funds. Must be enrolled in the **Higher Education Program** before this application will be considered.

THIS FORM MUST BE SUBMITTED EVERY SEMESTER

Name _____ Enrollment# _____
Address _____ City _____ State _____ Zip _____
Birth date _____ Age _____ Social Security # _____ Phone _____

Name of College _____ Major _____
Address _____
_____ Graduation
_____ Date _____

What semester are you requesting for? Choose one

☐ FALL

☐ SPRING

Classification?

☐ FRESHMAN

☐ SOPHOMORE

☐ JUNIOR

☐ SENIOR

☐ POST GRAD

Receipts MUST be submitted at the end of each semester

☐ Please check here if 18 or older and have submitted a request for direct deposit.

By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.

STUDENT SIGNATURE

DATE

PRINTED NAME

EDUCATION DIRECTOR

DATE