Delaware Nation P.O. Box 825 Anadarko, OK 73005



Email: spitner@delawarenation-nsn.gov Phone (405)247-2448 Fax (405)247-5942

### **College Prep Assistance Application**

The Delaware Nation College Prep Assistance Program is pleased to offer enrolled Delaware Nation tribal citizens in grades 10<sup>th</sup>-12th an opportunity to receive assistance with the cost of ACT/SAT Test Prep. Students may receive up to \$100 assistance towards the cost of classes (including online courses). All payments will be made directly to the test prep vendor. Cost cannot be reimbursed.

#### **REQUIREMENTS**

- Must be an enrolled Delaware Nation citizen from 10<sup>th</sup>-12<sup>th</sup> grade in High School
- Must choose either ACT or SAT (not both, this is a one-time only program per student)
- Must participate in an accredited online test prep course or class offered at an educational institute

## **RESPONSIBILITIES**

- The student/parent is responsible for completing and submitting the application and supportive documents to this office.
- The student is responsible for scheduling and completing ACT/SAT prep courses and testing.
- Please allow 10-14 days for processing. Once a check is received it will be mailed to the vendor with a copy of the submitted invoice. The tribal citizen can request the check be mailed directly to them if payment in hand is required at the time of services.

#### **REQUIRED DOCUMENTS**

If you fail to secure the documents listed below your application will be placed on pending status.
Letter of intent by applicant
High School transcript
Delaware Nation enrollment card
Invoice for prep course (any charges exceeding \$100 will be the responsibility of the tribal citizen)
Applications may be submitted to <a href="mailto:ssapplications@delawarenation-nsn.gov">ssapplications@delawarenation-nsn.gov</a> , by mail, fax or in-person at the Delaware Nation complex.

# **Delaware Nation**



Education Department P.O. Box 825 Anadarko, OK 73005 Phone (405)247-2448 Fax (405)247-5942

## **College Prep Assistance Application Form**

Applicant Information			
Full Name:			
Last Address:	First	M.I.	
Street Address		Apartment/Unit #	
City		State ZIP Code	
Home Phone: ( )	Social Security Number: Name of		
Roll Number: Age:	Parent/Legal Guardian		
Other Information			
High School/Home School	Chosen Testing		
Name:			
Address:	Graduation Date:		
Grade			
☐ 10 <sup>th</sup> Grade ☐ 11 <sup>th</sup> Grade			
☐ 12 <sup>th</sup> Grade			
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.			
Applicant Signature		Date	
Parent/Legal Guardians Signature		Pate	
OFFICE USE ONLY			
Approved Denied Date			
Education Department Signature	Date		