SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

Secondary School Incentive Program

The Secondary School Incentive program is for enrolled Delaware Nation children in the 5th-12th grades that meet the program criteria. **The Program is on a first come first serve basis as funds are available.**

REQUIREMENTS

- Must be an enrolled Delaware Nation citizen
- High School Students in 9th 12th grades must maintain a 3.0 GPA or above and have no more than 5 absences per semester (absence policy resumes this fiscal year)
- Students in 5th 8th grades cannot receive a letter grade lower than a "C" and have no more than 5 absences per semester (absence policy resumes this fiscal year)

REQUIRED DOCUMENTS

- ❖ A copy of the student's report card with semester grades only. Please do not submit a report card with quarterly (9 week) grades; the application will be placed on pending status until the correct information is received.
 - Applications can be mailed, faxed, emailed or brought to the Social Services office
- ❖ A brief essay stating (page 3)
 - Applicant's name and grade
 - · Applicant's age
 - What their favorite subject/class was and why
 - How funds will be used (i.e., clothing, games, school annuals, class pictures etc.)

APPLICATION

FALL SEMESTER: Fall grades submission deadline January 15th

SPRING SEMESTER: Spring grades submission deadline August 31st

SERVICES AREA

Nationwide

Semester Award								
<u>GRADE</u>	<u>FALL</u>	SPRING	<u>GPA</u>					
5 th – 8 th Grade	\$250	\$250	No grade lower than a "C"					
			and no more than 5					
			absences a semester					
9 th – 12 th Grade	\$500	\$500	3.0 - 4.0 and no more than					
			5 absences a semester					

Applications can be submitted to ssapplications@delawarenation-nsn.gov, by mail, fax, or in-person at the Delaware Nation complex.

Secondary School Incentive Application

Delaware Nation

Educaton Program
P.O. Box 825
Anadarko, OK 73005

			Studen	t Information				
Full Name:								
Last					First			M.I.
Address:	Street Address							Apartment/Unit #
-	City					State		ZIP Code
Home Phone:	_()			Social Security Num	nber:			
Roll Number:		Age	e:	Name of Parei G	nt/Legai luardian _			
Other Information								
Please attach a c	copy of semester grad	les, a	ttendance red	cord and essay to a	oplication			
School Information	on							
School:					Circle one _	Fall	or	Spring
Address:					Year:			
					GPA:			
Grade					_			
☐ 5 th G	RADE		9 th GRADE					
☐ 6 th G	RADE		10 th GRADE					
☐ 7 th G	RADE		11 th GRADE					
□ 8 th G	RADE		12 th GRADE					
Please check is 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.								
PRINT Parent/	Guardian Name				Date			
Claus trans (D	ant Ougardia			-				
Signature (Parent Guardian)								
OFFICE USE ONLY								
Approved	Denied							
Education Dep	artment Signature	,		Date	<u> </u>			

ESSAY MUST BE WRITTEN BY STUDENT

Student Signature	 Date