

# Delaware Nation Social Services Department

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

## Higher Education Program

Delaware Nation Higher Education Program (an undergraduate program) is pleased to offer Delaware Nation Tribal citizens funding for full time college students (enrolled 12 hours). **Effective Fall 2022, awards range from \$3,000 (Pell eligible) to \$6,000 (Pell ineligible), based on information provided by the financial aid office.**

### **REQUIREMENTS**

- Must be enrolled with the Delaware Nation
- Must be enrolled as a full-time student
- Required to carry at least **12 credit hours** per semester and maintain a **2.5 GPA** each semester

### **RESPONSIBILITIES**

- The student is responsible for completing and submitting an education application for each semester. **Applications should be submitted before classes start even if all supportive documents are unavailable.**
- All prospective students are expected to apply for financial aid through the college Financial Aid Office.
- The student is responsible for fees and any other college related charges that were accrued prior to being deemed eligible by this program such as, but not limited to:
  - Pre-enrollment fees
  - Tuition from a previous term
  - Any outstanding balance on student's account
- Students are expected to pursue an Associate's Degree or Bachelor's Degree within a maximum of 10 semesters or 120 accumulative credit hours.
- Students must submit the application and supportive documents in a timely manner. Any applications submitted after the first six weeks of the start date of classes (this includes incomplete applications) will be ineligible for funding for that semester. Due to the increase participation in this program, we urge students to submit the application as soon as possible.
- The student must notify this office if student withdraws from class.

### **REQUIRED DOCUMENTS**

If you fail to secure the documents listed below, **your application will be placed on pending status.** Applications are not considered complete until all required documents are received. **Pending applications do not reserve funds and will be void after six weeks from the semester start date. Please call the Social Services Department before the end of the first six weeks if you are having issues obtaining the supportive documents for completion.**

- ✓ Letter of intent written by applicant
- ✓ Copy of high school transcript or GED certification. ([new students only](#))
- ✓ Delaware Nation enrollment card
- ✓ Copy of official letter of admission from college/university. ([new students only](#))
- ✓ Copy of class schedule
- ✓ Copy of student aid report (SAR). Student must apply for federal Pell grant. After the federal Pell grant application is submitted, the report (SAR) will indicate whether the student is eligible or ineligible for Pell.
- ✓ Financial Needs Analysis Form -The form (pg. 3) must be completed by the Financial Aid Office or the student must email their itemized billing on their school account.
- ✓ Official college transcript each semester. ([Applies to continuing & re-entering students ONLY](#))

Email: [socialservices@delawarenation-nsn.gov](mailto:socialservices@delawarenation-nsn.gov)

**\*Appeals must be submitted in writing to the Tribal Administrator within 10 days of notification.**

Higher Education Program  
P.O. Box 825  
Anadarko, OK 73005



Toll Free 1-800-203-2121  
Phone (405)247-2448  
Fax (405)247-5942

PLEASE PRINT

Name \_\_\_\_\_ Enrollment# \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Have you attended college before? Yes  No  If yes, what college? \_\_\_\_\_

Email Address: \_\_\_\_\_

Classification:  Freshmen  Sophomore  Junior  Senior Date classes start: \_\_\_\_\_

Name of College \_\_\_\_\_ Major \_\_\_\_\_  
Address \_\_\_\_\_  
Graduation Date \_\_\_\_\_

I will live: On Campus  Off Campus  With Parents

Have you previously received a Higher Education Grant from the Delaware Nation? Yes  No

If yes, when did you receive assistance from the Delaware Nation? Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Number of semesters attended \_\_\_\_\_ Cumulative earned credit hours \_\_\_\_\_

Will you be driving to and from school? Yes  No  If yes, how many miles? \_\_\_\_\_

**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



**Financial Needs Analysis**

APPLICANT INFORMATION

Name \_\_\_\_\_ Martial Status \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Have you completed the financial aid application through the college? Yes  No

FINANCIAL STATUS INFORMATION (To be completed by Financial Aid Office)

This information is for the \_\_\_\_\_ academic year.

If student is married, does this information reflect financial need as a married student? Yes \_\_\_ No \_\_\_

The Financial Aid Office has made the following awards for this student:

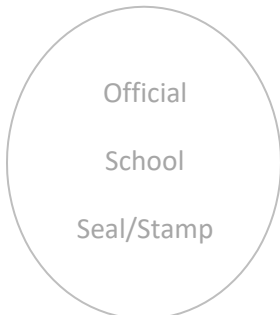
PELL	_____	VA	_____
SEOG	_____	SOCIAL SECURITY	_____
EOP	_____	VOCATIONAL REHAB	_____
NDSL	_____	AMER. INDIAN SCHOOL	_____
WS	_____	MEDICAL SCHOOL	_____
TUITION WAIVER	_____	TANF	_____
OTHER	_____	PERSONAL	_____
		FAMILY	_____

1 SEMESTER  OR 1 ACADEMIC YEAR

Total financial need \$ \_\_\_\_\_

We recommend the Delaware Nation Higher Education Grant Program to award \$ \_\_\_\_\_

**Please sign this form and use school stamp below. Mail this form back to our office:**



\_\_\_\_\_  
FINANCIAL AID OFFICER

\_\_\_\_\_  
DATE