



College Prep Assistance Application

The Delaware Nation College Prep Assistance Program is pleased to offer enrolled Delaware Nation tribal citizens in grades 10th-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 10th-12th 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 socialservices@delawarenation-nsn.gov, 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 First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Social Security Number: _____

Roll Number: _____ Age: _____ Name of Parent/Legal Guardian _____

Other Information

High School/Home School

Name: _____ Chosen Testing Prep (ACT/SAT): _____

Address: _____ Graduation Date: _____

Grade

10th Grade 11th Grade

12th 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 for a period of time as determined by the Delaware Nation Fraud Policy and/or the court. 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 _____ Date _____

OFFICE USE ONLY

Approved Denied Date _____

Education Department Signature _____ Date _____