

# SOCIAL SERVICES DEPARTMENT

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

## High School & College Graduation Incentive

The program offers a completion incentive to enrolled Delaware Nation citizens for completing High School or College.

### **AWARD AMOUNTS**

- High School \$250
- College \$500

### **REQUIREMENTS**

- Must be an enrolled Delaware Nation citizen
- Must have graduated within the current Fiscal year of the program operation (October 1<sup>st</sup>-September 30<sup>th</sup>)

### **REQUIRED DOCUMENTS**

- Submit a completed application
- Submit a copy of high school or college diploma

### **DEADLINE**

September 30<sup>th</sup>

### **SERVICES AREA**

Nationwide

Applications may be submitted to [socialservices@delawarenation-nsn.gov](mailto:socialservices@delawarenation-nsn.gov), by mail, fax or in-person at the Delaware Nation complex.

# High School & College Graduation Stipend Application



Please Print

## 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

### School Information

School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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

### Type

HIGH SCHOOL \$250  COLLEGE \$500

### College Graduate

Associates  Master's

Bachelors  Doctorate

**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.

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

\_\_\_\_\_  
**PRINT Applicant Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

### OFFICE USE ONLY

Approved  Denied  Date \_\_\_\_\_

\_\_\_\_\_  
**Education Department Signature**