

KICKAPOO TRIBE OF OKLAHOMA

Education Department
Post Office Box 70
McCloud, OK 74851

Phone: 405.964.5002
Fax: 405.964.7179

APPLICATION FOR HIGHER EDUCATION

The Higher Education College Scholarship Program Serves

1. Kickapoo Tribe of Oklahoma tribal members
2. Native Americans enrolled in a federally recognized tribe residing in the Kickapoo service area

The KTOHECS Application deadline is **JUNE 30** for Fall Semester, and **NOVEMBER 30** for the Spring Semester. Working Adult Program application is due **30 days** prior to start date.

Your application will not be complete until all items have been received in our office. Additional documentation may be requested.

<input type="checkbox"/> Updated Tribal Enrollment Card /CDIB (copy of card, front and back)
<input type="checkbox"/> High School Diploma, High School Transcript, GED Certificate, or GED Transcript
<input type="checkbox"/> Official College Transcript (if previously attended, must be official in a sealed envelope)
<input type="checkbox"/> Your Personal Letter—state information about yourself, the school you will attend and your major, and your career objective after graduation (must be typed, signed and dated, minimum of 100 words)
<input type="checkbox"/> Class schedule, verifying enrollment in the basic requirements for the college major you are pursuing
<input type="checkbox"/> Financial Needs Analysis Form (page 4 of application, completed by Financial Aid Officer)

Students are required to enroll in classes that will apply to the degree program that they have selected or declared. Students will also have to maintain a minimum GPA, which will be based on their total number of credit hours they have earned.

Once approved, scholarship payment will be made directly to the college/university financial services office. You are personally responsible for admissions, housing, and fees required for admission purposes. Full-time KTO students will be eligible to receive a monthly stipend to assist with school/living expenses.

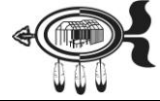
Students are required to submit grades to the Kickapoo Tribe of Oklahoma Education Department **immediately** after each semester or quarter. Financial Assistance will not be provided until grades are submitted.

Graduate students will not be assisted until all undergraduate applicants have been awarded for each semester. Assistance is based on funding availability.

Deliver, Mail Application to: Kickapoo Tribe of Oklahoma
Education Department
Post Office Box 70
McCloud, OK 74851

KICKAPOO TRIBE OF OKLAHOMA

Higher Education Scholarship Application



PLEASE PRINT CLEARLY

Last Name:		First:		MI:		Maiden:		D.O.B. / /	
Mailing Address:				City		State		Zip	
Cell Phone:			Message Phone:			SSN:			
Email Address:					Tribal Affiliation:				
Do You Have a Disability?		YES		Veteran/Military Service		YES		Gender: MALE	
		NO		(Include active, inactive or reserves):		NO		FEMALE	
Have you ever been convicted of a felony? _____ YES _____ NO (answering this question will not prevent you from receiving educational services.) If yes, give details:									
Name of High School:					Grade Level Completed:				
High School: Public _____ BIA _____ Tribal _____ Private _____ Mission _____ Other: _____									
Date of H.S. Graduation or Date Received GED Diploma:									
Scholarship Requested For: Academic Year _____ Fall Only _____ Spring Only _____ Working Adult Program _____ Other: _____									
Name of University/College Attending:									
Mailing Address:				City		State		Zip	
College Major:				Estimated Completion Date:					
Degree Pursuing (circle all that apply): Associate: A.A. / A.S. / A.A.S. Bachelors: B.A. / B.S. Masters: M.A. / M.S. Doctorate: Ed.D. / M.D. / Ph.D. / J.D.									
Classification: Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____ Other: _____									
I Will Live: On Campus: _____ Off Campus: _____ With Parents: _____									
College Advisor's Name:					Telephone:				
Have you received a BIA/Tribal Higher Education or AVT Scholarship before? Yes _____ No _____ If yes, what years? _____ Number of Credit Hours Earned: _____									

I hereby certify that the above information on this form is true and correct to the best of my knowledge. I give consent for the release of this information to the necessary agencies in accordance with the application process for the KTO Higher Education Scholarship Program. I will notify the Kickapoo Tribe of Oklahoma Education Department of any changes in my class schedule. I will provide a copy of my grades to the Kickapoo Tribe of Oklahoma Education Department immediately after each semester. I understand if I fail to report changes of class schedule and/or provide grades, I may be suspended from the KTO Higher Education Scholarship.

Applicant Signature

Date

KICKAPOO TRIBE OF OKLAHOMA – FINANCIAL NEEDS ANALYSIS FORM

PART I – To be Completed by the Student

APPLICANT NAME: _____ SSN: _____

D.O.B.: _____ CELL PHONE: _____ MESSAGE PHONE: _____

E-MAIL: _____

MAILING ADDRESS: _____
P.O. Box/Street City State Zip

CLASSIFICATION: _____ MAJOR: _____
(freshman, sophomore, junior, senior)

MARITAL STATUS: _____ NO. OF DEPENDENTS: _____

ATTENTION – FINANCIAL AID OFFICER:

I have submitted a Higher Education Scholarship Application to the Kickapoo Tribe of Oklahoma Education Department for consideration of financial assistance. The KTO Education Department will need additional information as listed in Part II before any action can be taken on my application. When all the necessary information is on file in your office, please complete and forward this form or similar form to: **EDUCATION DEPARTMENT, KICKAPOO TRIBE OF OKLAHOMA, P.O. BOX 70, McLOUD, OK 74851 or fax to 405-964-7179**

Applicant Signature

Date

PART II – To be Completed by the Financial Aid Officer

FINANCIAL AID OFFICER:

Verified financial need information is needed through your office before consideration of applicant’s Higher Education Scholarship Application. Please complete and forward the Financial Needs Analysis Form to the KTO Education Department. Your assistance is appreciated, please contact us at **405-964-5002 ext. 8** if you have any questions.

Student is: Independent ___
 Dependent ___

Budget Period: Fall Semester/Term Begins: _____ Ends: _____
 Spring Semester/Term Begins: _____ Ends: _____
 Semester/Term Begins: _____ Ends: _____

College Budget

Tuition	\$
Fees	\$
Books/Supplies	\$
Room & Board	\$
Depend. Allowance	\$
Transportation	\$
Personal Expenses	\$
Other	\$
TOTAL	\$

Student Resources

Family Contribution	\$
Student Contribution	\$
VA Benefits	\$
Soc. Sec. Benefits	\$
TANF	\$
Voc. Rehab	\$
Fellowships	\$
Indian Health Grant	\$
State Scholarships	\$
Other	\$

Awards

PELL	\$
SEOG	\$
Work-Study	\$
NDSL	\$
GSL	\$
Tuition Waiver	\$
State Tuition Grant	\$
Other	\$
TOTAL	\$

SIGNATURE: _____
 Financial Aid Officer

 Phone

 Date

Address where Scholarship Funds need to be sent to: _____

