



Iowa Tribe of Oklahoma Education Fund

335588 E. 750 Rd. Perkins, Oklahoma 74059 **Phone** (405) 547-2402, Ext. 209 **Fax** (405) 547- 1093

***NOTE: A FAX is acceptable for deadlines; however, the *Original MUST* be mailed to this office.

Part 1 – To be completed by Parent

STUDENT NAME: _____	SOCIAL SECURITY # _____
PARENT E-Mail: _____	PHONE: _____ MESSAGE: _____
FULL ADDRESS: _____	
APPLICATION REQUEST: Fall 20 ____ Spring 20 ____	
PLEASE CIRCLE: Elementary Middle School High School	
GRADE: _____	
***I hereby authorize my college/school to release the following information to the Iowa Tribe for grant eligibility determination.	
Signature _____	Date _____

Part II – To be completed by Financial Aid Officer

SCHOOL/STUDENT EXPENSES	AMOUNT	BALANCE REMAINING FOR SEMESTER
TUITION		
REQUIRED FEES		
REQUIRED BOOKS		
REQUIRED SUPPLIES		
ROOM & BOARD		
TOTAL SCHOOL/ALLOWABLE Student Expenses	\$	\$

** The Iowa Tribe of Oklahoma K12 Education Scholarship Program does not pay for the following:

- Fees for entrance or placement testing
- Admission application fees
- Health care expenses, including dental, eye care, etc.
- Clothing
- Additional costs for private rooms in campus housing
- Rental or dorm deposits
- Classes taken in which no credits are given
- Classes not related to the completion of the Applicant's primary level education

FINANCIAL AID OFFICER:

SCHOOL ADDRESS:

Print Name: _____	_____
Signature: _____	_____
Date: _____	Phone: _____
Fax: _____	

**Refusal to provide such information or documentation may be cause for Scholarship denial.*