



Iowa Tribe of Oklahoma

K12 Private Education Fund

335588 E. 750 Road in Perkins, OK 74059

Phone: (405)547-2402, Ext. 209

Fax: (405)547-1093

DEADLINES for *Fall semester*: **June 30** and *Spring semester*: **December 1**

Fall/Spring \$3000.00 per semester

***** NOTICE TO ALL APPLICANTS: *****

1. This application is for enrolled tribal members of the Iowa Tribe of Oklahoma ONLY.
2. Must submit a NEW application each year by or before required deadline(s), second semester required document checklist must be submitted to the ITO by Spring semester deadline.
3. Absolutely **NO LATE APPLICATIONS** will be accepted or reviewed.
4. No application will be considered complete until all documents have been received by the ITO Education department.
5. Please be sure all requested documents are submitted by the designated deadline dates.

K12 PRIVATE EDUCATION

Eligibility Guidelines:

- MUST be an enrolled member of the Iowa Tribe of Oklahoma.
- Must submit an application by or before required deadline(s).
- Must be accepted into an accredited Private School.
- Must have successfully completed the previous academic school year and have been promoted to the next grade level (except those students entering into kindergarten).

Program Requirements:

1. All Recipients are expected to maintain acceptable academic and social standards that are in conformance with both the standards set forth by the institution attended and the standards of the Iowa Tribe's K12 Scholarship Program. These standards include those regarding social conduct, are defined as behaviors that are not in contravention of the norms and laws that govern behavior.
2. Behavior that may result in immediate expulsion and / or disqualification from eligibility for the K-12 Program Scholarship is any recipient's behavior that brings discredit upon themselves, the Iowa Tribe, the institution attended or the United States of America.
3. All Recipients of a K-12 Program Scholarship award must be enrolled in a full time institution and be in good academic standing in each funded period to remain eligible for future Scholarship Awards. This policy statement is intended to be in accordance with "good academic standing" as outlined at each Recipient's chosen institution.

COSTS COVERED BY SCHOLARSHIP

Allowable financial expenses include those defined as such by the Applicant's financial aid office, related to his or her attendance and may include:

- Tuition
- Room and board
- Required fees
- Required course textbooks and supplies

Costs not covered by the K-12 Program Scholarship are:

- 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.

PROGRAM PRIORITY SYSTEM

The following priority system shall be in effect the distribution of Scholarship awards pursuant to the K-12 Program. Under no circumstances, however, shall the Scholarship award exceed the Maximum Scholarship Award available to Applicants.

- *First Priority:* This category includes full-time continuing students who are in good academic standing.
- *Second Priority:* Applicants applying for the first time in good academic standing.

PARENT / LEGAL GUARDIAN'S REQUIREMENTS

The parent/legal guardian is expected to take an active role in his/her student's education, including:

- Attending a minimum of two (2) school meetings per semester (ex. PTO, PTA, ect.)
- Ensuring that their student(s) adhere to the attendance policy of the institution the Applicant is attending.
- Ensuring payment of any prior enrollment fees or other school related fees, such as tuition from previous terms, library charges or other forms of indebtedness.
- Ensuring payment of outstanding balances to the institution in the instance that their Applicant fails to meet GPA requirements of being in "good academic standing" as outlined at each recipient's chose institution. The indebtedness is NOT the responsibility of the Iowa Tribe.
- When a Recipient is withdrawn from an institution the parent / legal guardian is expected to follow the institution's guidelines for doing so. It is the responsibility of the parent / legal guardian, not the institution, to notify the Education Department. A Failure to notify the Education Department within two months with a reason justifying the withdrawal may affect future eligibility.
- The parent / legal guardian is expected to be responsible for repaying any loan(s) they may have obtained. The Iowa Tribe's Scholarship funds shall and will not be applied to the repayments of any student or family loans.

CHECKLIST OF REQUIRED DOCUMENTS FOR FIRST SEMESTER OR TRANSFER APPLICANTS:

- _____ Completed current **school** application for upcoming semester.
- _____ ITO Tribal membership card
- _____ The completed K-12 Program Application, for the current year.
- _____ An official Letter of Acceptance from an accredited institution.
- _____ Letter of intent stating the reasons for selecting the particular institution and the intended use of the scholarship funds (this statement will need to be updated annually or immediately at any time during the year when a change occurs).
- _____ For first time transfer Applicants, a current official transcript (or progress report) from each eligible institution that he or she has attended, including grades.
- _____ Proof the applicant has completed any aptitude tests, career information surveys, placement tests, etc. required by the eligible institution or the Education Department.

CHECKLIST OF REQUIRED DOCUMENTS FOR SECOND SEMESTER DEADLINE:

- _____ ITO Request for Release of Student Records
- _____ ITO Parent Meeting Involvement Verification Form
- _____ Updated official academic transcript OR progress report from each eligible institution that he or she has attended, including grades.
- _____ An official Letter of Acceptance to the eligible institution he/she will attend (if different than the prior school).
- _____ Proof the applicant has completed any aptitude tests, career information surveys, placement tests, etc. required by the eligible institution or the Education Department.



ITO K12 Private Education Application

Please submit completed applications to:

ITO Education Department
 335588 E. 750 Road
 Perkins, OK 74059

FALL DEADLINE: June 30th SPRING DEADLINE: December 1st

Fall/Spring \$3000.00 per semester

Please complete application in blue/black ink. All information requested is necessary to determine eligibility. **Applications must be turned in by the deadline date. No late applications will be accepted.**

STUDENT NAME: (Please Print)			/ /	/ /
Last	First	Middle	Birth Date	Social Security #
Address:				
Street	City	State	Zip	
Phone #:	Message #:	E-mail Address:		
Anticipated Graduation/GED Year:				
APPLICATION REQUEST: FALL 20_____ SPRING 20_____				
PARENT/ LEGAL GUARDIAN NAME: (Please Print)				
Last	First	Middle		
Accredited K12 Private School Name & Address		City	State	Zip
Year in School:				
I Will Live: (Circle One) On Campus With Parents				
Do you have any physical limitations that would interfere with your education? YES or NO				
If Yes, please explain:				
<u>STATEMENT OF EDUCATION PURPOSE:</u> I affirm that I will use any funds received from the Iowa Tribe's K12 Private Education Grant Program solely for the expenses connected with attendance at the Education Institution mentioned above. I acknowledge that any information submitted is confidential, and that all information I have submitted is true and correct to the best of my knowledge. <u>I consent to the release of information to necessary agencies in order to complete my financial aid packet.</u>				
***I agree to provide a copy of my GRADES, FINAL TRANSCRIPT, and/or GRADUATION DIPLOMA NOTICE to the Iowa Tribe's Education office at the end of each academic semester for grant compliance. I further assure that I will notify the Education Office <u>before</u> withdrawing from designated school.				
PARENT/LEGAL GUARDIAN SIGNATURE: _____				DATE: _____



ITO REQUEST FOR RELEASE OF STUDENT RECORDS

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.

Under Federal legislation, namely the "Family Educational Rights and Privacy Act of 1974" (FERPA), I understand that generally my educational records cannot be released without my written permission. **This form will serve as your authorization to disclose your student record information to a third party.** A records release is limited to a catalog year, which begins before fall semester and ends after spring semester. This request form is intended as a one-time-only use of records you want released by the school (but your authorization may span over an entire school year).

Part 1 – Student information to be completed by Parent/Legal Guardian

STUDENT NAME: _____ SOCIAL SECURITY # _____ E-Mail: _____

FULL ADDRESS: _____ PHONE: _____ MESSAGE: _____

APPLICATION REQUEST: Fall 20____ Spring 20____

YEAR IN SCHOOL: _____

****I hereby authorize my child's school to release the following information to the Iowa Tribe for grant eligibility determination.*

Signature _____ Date _____

Part II – To be completed by School

CATEGORY OF INFORMATION TO BE RELEASED:

Any aptitude tests, career information surveys, placement tests, etc. required by the school:

Course Schedule and Academic Grades received:

Academic Good Standing: YES _____ NO _____ if no please explain:

Behavior Good Standing: YES _____ NO _____ if no please explain:

Attendance Good Standing: YES _____ NO _____ if no please explain:

SCHOOL'S ACADEMIC OFFICER:

SCHOOL ADDRESS:

Print Name: _____

Signature: _____

Date: _____ Phone: _____

Fax: _____

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



ITO PARENT MEETING INVOLVEMENT VERIFICATION FORM

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.

The parent/legal guardian is expected to attend a minimum of two (2) school meetings per semester (ex. PTO, PTA, etc.)

Part I-To be completed by Parent/Legal Guardian

SCHOOL NAME

CAMPUS

STUDENT'S NAME: _____

TYPE OF SCHOOL MEETING(S): _____

DATE(S): _____

****I hereby authorize my child's school to release the following information to the Iowa Tribe for grant eligibility determination.*

PARENT/LEGAL GUARDIAN NAME (PRINTED)

DATE

PARENT/LEGAL GUARDIAN SIGNATURE

Part II-To be completed by School

The Parent/ Legal Guardian of the above listed student did participate in the following School Meeting(s):

TYPE OF SCHOOL MEETING(S)

MEETING DATE(S)

SCHOOL CONTACT PERSON'S NAME (PRINTED)

SCHOOL CONTACT PERSON'S SIGNATURE

SCHOOL CONTACT PERSON'S TITLE

DATE: _____ SCHOOL'S PHONE: _____

SCHOOL FAX: _____

SCHOOL ADDRESS: _____

ADDITIONAL COMMENTS: _____

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