



Iowa Tribe of Oklahoma Higher Education Fund

335588 E. 750 Road in Perkins, OK 74059

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

Fax: (405)547-1093

DEADLINES for *Summer*: **May 1**, *Fall*: **June 30** and *Spring*: **December 1**

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

1. This application is for enrolled tribal members of the Iowa Tribe of Oklahoma ONLY.
2. This application is *separate* from the Bureau of Indian Affairs (BIA) Higher Education grant.
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.

HIGHER EDUCATION

Eligibility Guidelines:

- MUST be an enrolled member of the Iowa Tribe of Oklahoma
- Must be admitted to an accredited institution of higher learning in either a full-time or part-time capacity.
- Must be seeking to obtain a first bachelor's degree in ten (10) semesters or an associate's degree in six (6) semesters or graduate degree.
- Applicants completing an Associate's degree and continuing on toward a Bachelor's degree will be subject to the same 10 semesters limit.

Receipt of Funds Options:

1. Eligible Tribal member's receiving funds from the Higher Education Fund will be able to select the amount of monies received by selecting an option for disbursement. This option is being offered in order for student personal budget planning.
2. Eligible Tribal members will select the option they choose in the Spring semester for awards for Spring, Summer and Fall. This is designed in order to fall within the Iowa Business Committees budget schedule.
3. The chosen option for the entire academic year cannot be changed once Spring semester money has been dispersed. (EX: \$2500 for Spring then changing to \$3,000 for Fall will NOT be allowed. \$2500 will have to be given in Fall with \$1000 available at Summer as designated.)
4. The following options are available for student receipt of funds:

Option A: Fall/Spring \$2000.00 per semester and Summer \$2000.00

Option B: Fall/Spring \$2500.00 per semester and Summer \$1000.00

Option C: Fall/Spring \$3000.00 per semester

VO-TECH/TRADE SCHOOL

Eligibility Guidelines:

- MUST be an enrolled member of the Iowa Tribe of Oklahoma
- Must be admitted to a certified technical, vocational, or trade school or program
- Must be seeking first diploma, certification, licensure within their particular career, technical, vocation, or trade area of expertise.

CHECKLIST FOR FIRST-TIME APPLICATION SUBMISSION:

- _____ Completed Application
- _____ ITO Tribal membership card
- _____ Valid state-issued ID/Driver's License
- _____ Written narrative detailing applicants educational goals OR use for training/certification
- _____ Letter of Acceptance from an eligible institution or technical program/institution
- _____ High School transcript OR General Education Development (GED) certificate
- _____ Student Aid Report from the Free Application for Federal Student Aid (FAFSA) for the current year
- _____ Financial Need Analysis form completed and signed by institutions' financial aid office
- _____ Detailed course schedule
- _____ Statement of tuition and fees from institution

CHECKLIST FOR CONTINUING, RETURNING, OR TRANSFER STUDENTS:

- _____ Completed application for current academic semester/trimester
- _____ Updated official academic transcript OR progress report including previous term grades
- _____ Student Aid Report from the Free Application for Federal Student Aid (FAFSA) for the current year
- _____ Financial Needs Analysis form to be updated, completed and signed by the financial aid office
- _____ Class schedule for the upcoming term
- _____ Official Letter of Acceptance (if different than previous educational institution)



ITO Higher Education Application

Please submit completed applications to:

ITO Education/JPT Department

335588 E. 750 Road

Perkins, OK 74059

FALL DEADLINE: June 30th SPRING DEADLINE: December 1st SUMMER: May 1st.

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.**

(Please circle which program applying for)

Career/Vo-tech/Trade

Higher Education

NAME: (Please Print)			/	/	/	/
Last	First	Middle	Birth Date		Social Security #	
Address:						
Street			City		State	Zip
Phone #:		Message #:		E-mail Address:		
Graduation/GED Year:			Single		Married	
GED or HS Diploma (Circle One)			Marital Status (Circle One)		# Dependents	
APPLICATION REQUEST:			FALL 20	SPRING 20	SUMMER 20	
OPTION FOR FUNDING DISBURSEMENT:						
Option A			Option B	Option C		
Accredited College/Technical School Name & Address				City	State	Zip
College Major/ Area of Study			Degree		Anticipated Graduation Date	
Year in College: (Circle One)			Freshman	Sophomore	Junior	Senior
I Will Live: (Circle One)			On Campus	Off Campus	With Parents	
Do you have any physical limitations that would interfere with your education? YES or NO						
If Yes, please explain:						
STATEMENT OF EDUCATION PURPOSE: I affirm that I will use any funds received from the Iowa Tribe's Higher 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						
NOTICE to the Iowa Tribe's Education office at the end of each academic term for grant compliance. I further assure that I will notify the Education Office <u>before</u> withdrawing from classes or school.						
SIGNATURE: _____				DATE: _____		



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

Part 1 – To be completed by Student

NAME: _____		SOCIAL SECURITY # _____		E-Mail: _____	
FULL ADDRESS: _____		PHONE: _____		MESSAGE: _____	
MARITAL STATUS: Single _____ Married _____		# of Dependent Children _____			
APPLICATION REQUEST: Fall 20____ Spring 20____ Summer 20____					
PLEASE CIRCLE: College/University Semester Trimester Quarterly					
CHECK ONE: FR__ SO __ JR __ SR __ # HRS ____ (12 or more or Full-Time per institution)					
***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	STUDENT RESOURCES	AMOUNT	AWARDS	AMOUNT
TUITION		Student/Spouse CONTRIBUTION		PELL GRANT	
FEES		Parent CONTRIBUTION		FEDERAL SEOG	
BOOKS		VETERAN'S BENEFITS		FEDERAL WORK STUDY	
SUPPLIES		SOCIAL SECURITY		FEDERAL PERKINS	
ROOM & BOARD		VOCATIONAL REHABILITATION		FEDERAL STAFFORD	
DEPENDENCY		FELLOWSHIPS		FEDERAL SLS	
TRANSPORTATION		IHS GRANTS		COLLEGE/UNIVERSITY SCHOLARSHIP	
PERSONAL EXPENSES		STATE INDIAN SCHOLARSHIPS		FEDERAL PLUS LOAN	
LOAN FEES				STATE TUITION GRANT	
OTHER (LIST)		OTHER (LIST)		COLLEGE/UNIVERSITY SCHOLARSHIP	
				INCENTIVE	
				TUITION WAIVER	
				OTHER (LIST)	
TOTAL SCHOOL/ Student Expenses	\$	TOTAL RESOURCES	\$	TOTAL AWARDS	\$

FINANCIAL AID OFFICER:

COLLEGE/SCHOOL ADDRESS:

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