



SHAWNEE TRIBE DEPARTMENT OF EDUCATION

PO Box 189, Miami, OK 74355 + (918) 542-2441 + education@shawnee-tribe.com

HIGHER EDUCATION AWARDS

The Shawnee Tribe Department of Education provides tuition assistance to eligible Shawnee citizens. Applicants must complete assistance application and submit all requested documentation to be considered for supplemental aid.

Assistance is available for **Fall, Winter/Spring, Summer** terms.

See shawnee-nsn.gov/education for applicable deadlines.

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ SSN: _____ Student ID Number: _____

List American Indian Tribe(s), including Roll Number(s): _____

For which term are you requesting assistance?

Fall Winter/Spring Summer

Education History – Must Provide Transcripts

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Y N Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Y N Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Y N Degree: _____

Education Plan – Must Provide College/University Acceptance Letter & Current Schedule

Institution: _____ Phone: _____

Address: _____ Number of Credits: _____

Program Name: _____ Academic Status: Undergraduate Graduate Doctoral

Degree/Certification: _____

From: _____ To: _____ Graduation Date: _____

If this is a vocational program, is it considered **short-term** (<6 months), **mid-term** (6-12 months), or **long-term** (>12 months)? Short-term Mid-term Long-term

Application Checklist

- Completed Program Application Form
- Signed Rights and Responsibilities Form
- Signed Release of Information Form
- Proof of Residence
- Copy of Tribal Enrollment Card
- Copy of Driver's License, State, or Federal Identification
- Verification of Enrollment in an Accredited School
- Current School Schedule
- Current Transcript or GED Certificate
- Additional Documents as Requested

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in denial or suspension of services. I understand that I could be held responsible for repaying benefits received through fraud.

Printed Name: _____

Signature: _____ Date: _____

Return Complete Application Packets and Supporting Materials to:

**Shawnee Tribe Department of Education
P.O. Box 189
Miami, OK 74355**

PARTICIPANT RIGHTS AND RESPONSIBILITIES FORM

The Shawnee Tribe Department of Education (SDE) is committed to ensuring ethical and equitable standards to Shawnee citizens throughout the entirety of participation in program services. SDE will strive to maintain strong adherence to personal and tribal integrity through thoughtful and respectful engagement with regard to all concerns and/or issues to support the continued collaborative work to better serve Shawnee citizens. The following processes will be observed and are provided to aid in understanding and transparency of program processes.

Rights and Responsibilities

The participant has a right to:

- Be treated with respect without regard to creed, national origin, religion, sex, sexual preference, or age.
- Be treated without regard to disability unless activity involved creates a hardship.
- Have all personal information treated in a confidential manner.
- Review his or her file with appropriate staff present.
- Be fully informed regarding all action associated with services citizen receives.
- Be given clear information regarding participation in all program activities.

The participant has the responsibility to:

- Provide accurate and complete information.
- Adhere to program rules and requirements related to the services he or she is applying for.
- Actively participate in individual development plan to receive services.
- Inform program staff of any changes in name, address, or other personal information.
- Ask for clarification regarding instructions, guidelines, or service requirements that the citizen does not understand.

I have read, and I fully understand my rights and responsibilities as a program participant.

Applicant Signature

Date

CONSENT FOR THE CONFIDENTIAL RELEASE OF INFORMATION

I _____, hereby authorize the release of information requested by the Shawnee Tribe Department of Education. The requested information shall be used solely in the administration of program services and will not be released to any other person or agency outside of the Shawnee Tribe. I do hereby authorize the Shawnee Tribe Department of Education to obtain and exchange information related to my application to participate in programs. This release of information shall be in effect while I am an applicant or recipient of Shawnee Tribe Department of Education Programs, and for any later investigation pertaining to my eligibility and receipt of program services and benefits.

I understand that these records are protected under federal and state confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent.

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Participant shall be provided a copy of the records disclosed if requested.

AGENCY TO RELEASE TO:

Shawnee Tribe
Department of Education
PO Box 189
Miami, OK 74355
(918) 542-2441

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL.
THIS RELEASE IS IN FORCE UNTIL REVOKED BY THE APPLICANT.

Applicant Signature

Date of Birth

Social Security No.



VERIFICATION OF RECEIPT OF PARTICIPANT CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (OFFICE USE ONLY)

Shawnee Tribe Department of Education Signature & Title

Date