



# SHAWNEE TRIBE DEPARTMENT OF EDUCATION

PO Box 189, Miami, OK 74355 + (918) 542-2441 + [education@shawnee-tribe.com](mailto: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](http://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? ☐ <sup>Y</sup> ☐ <sup>N</sup> Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ <sup>Y</sup> ☐ <sup>N</sup> Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? ☐ <sup>Y</sup> ☐ <sup>N</sup> 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