



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



Release of Information

I, _____, hereby authorize the Shawnee Tribe to obtain and exchange information related to my application to participate in Shawnee Tribe Education programs, and I authorize the release of information requested by the Shawnee Tribe Department of Education for this purpose. The requested information shall be used solely in the administration of the program by the Shawnee Tribe and its authorized representatives, subject to all applicable Federal and Tribal regulations.

I understand that I may revoke this consent at any time by written notice; however, application for services from the Shawnee Tribe Education Department constitutes consent to all required record retention and administrative functions relative to my application for, participation in, and/or eligibility for services.

Information should be sent to:

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

Printed Name of Person Authorizing Release

Date of Birth

Address (Street/PO Box, City, State, Zip)

Social Security #

Signature of Person Authorizing Release

Date

For Office Use Only (Verification of Receipt of Signed Consent for Release of Confidential Information)

Signature: Shawnee Tribe Department of Education Staff/Title

Date