



## 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**, and **Summer** terms.

See [shawnee-nsn.gov/education](http://shawnee-nsn.gov/education) for applicable deadlines.

#### APPLICANT INFORMATION

Student

Name:

First

M.I.

Last

Home  
Address:

Street Address

City

ST

Zip Code

Mailing  
Address:

Address

City

ST

Zip Code

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Student ID #: \_\_\_\_\_

Shawnee Tribe Roll #: \_\_\_\_\_

For which term are you  
requesting assistance?

Fall (July 1-Sep 1)

Winter/Spring (Dec 1-Feb 1)

Summer (May 1-July 1)

#### EDUCATION HISTORY

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  Y  N Degree: \_\_\_\_\_

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 Current Schedule**

Institution Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Program Name: \_\_\_\_\_ Degree/Certification: \_\_\_\_\_

Academic Status: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Undergraduate Graduate Doctoral

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 - MUST PROVIDE THE FOLLOWING FOR APPROVAL**

- Completed Program Application Form
- Signed Rights and Responsibilities Form
- Signed Release of Information Form
- Copy of Tribal Enrollment Card
- Copy of State ID or Passport
- Current Class Schedule - Must include student's name, school name, and credit hours
- Current Transcript - Must include student's name, school name, and **term GPA** for past two semesters completed
- Additional Documents as Requested

**CONFIRMATION AND ACCEPTANCE**

*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 of Applicant or Legal Guardian of Minor Applicant under 18

\_\_\_\_\_  
Signature of Applicant or Legal Guardian of Minor Applicant under 18

\_\_\_\_\_  
Date (MM/DD/YYYY)

**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.

By signing below, the applicant attests that they have read and fully understand their rights and responsibilities as a program participant.

\_\_\_\_\_  
Printed Name of Applicant or Legal Guardian of Minor Applicant under 18

\_\_\_\_\_  
Signature of Applicant or Legal Guardian of Minor Applicant under 18

\_\_\_\_\_  
Date (MM/DD/YYYY)



**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ (applicant name), hereby authorize the Shawnee Tribe to obtain and exchange information related to my application with educational institutions, entities, and/or individuals necessary for my participation 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.

In addition, I authorize the Shawnee Tribe Education Department to release and/or exchange information with the specified individuals named below. You may enter more than one name. Enter only ONE name per space.

*Please enter the name of the individual(s) to whom the authorization is given or revoked. You may enter more than one name. Enter only ONE name per space.*

_____	Given	Revoked
Individual Authorized		
_____	Given	Revoked
Individual Authorized		

Name of Applicant or Legal Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First M.I. Last MM/DD/YYYY

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
 Signature of Applicant or Legal Guardian of Minor Applicant under 18 Date (MM/DD/YYYY)

**INFORMATION SHOULD BE SENT TO:**

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

Note: Forms will not be accepted without a signature

**DEPARTMENTAL USE ONLY**

Verification of receipt of signed Consent for Release of Confidential Information

\_\_\_\_\_  
 Shawnee Tribe Department of Education Staff Signature Date (MM/DD/YYYY)