

*Wichita and Affiliated Tribes  
Higher Education*

*P.O. Box 729 - Anadarko, OK 73005  
Telephone (405) 247-8612 - Fax (405) 247-5687  
www.wichitatribe.com*

**CAF – H.S. Senior Assistance Application  
FY-2019**

Senior Pictures/Announcements/Class Ring-The \$250.00 assistance will be paid to the vendor.

**Deadline: January 31, 2019.** Senior Cap & Gown Fee and ACT Test Fee assistance also available.

**Please submit the following:** Application, CDIB card, class schedule, and invoice.

Student Name: \_\_\_\_\_ Tribal Enrollment # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip code)

Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

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

**Assistance Requested (Check Box):**

- |   |          |
|---|----------|
| <input type="checkbox"/> <b>Sr. Pictures – submit vendor information to include student name.</b>           | \$ _____ |
| <input type="checkbox"/> <b>Sr. Announcements – submit vendor information to include student name.</b>      | \$ _____ |
| <input type="checkbox"/> <b>Sr. Class Ring – submit vendor information to include student name.</b>         | \$ _____ |
| <input type="checkbox"/> <b>Sr. Cap &amp; Gown Fee – submit vendor information to include student name.</b> |          |
| <input type="checkbox"/> <b>ACT Test Fee – submit vendor information to include student name.</b>           |          |

PLEASE READ BEFORE SIGNING: I will attach a copy of the student's CDIB card and required documentation. If the documents are not submitted, the application will not be processed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Do Not Write Below This Line)

CDIB card Attached? Yes \_\_\_ No \_\_\_ Required Documentation Attached? Yes \_\_\_ No \_\_\_

This application has been: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

Education Director: \_\_\_\_\_ Date: \_\_\_\_\_