

*Wichita and Affiliated Tribes
Higher Education*

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

**MFTR/CAF – H.S. Senior Assistance Application
FY-2018**

Student Name: _____ Tribal Enrollment # _____

Parent/Guardian Name: _____

Address: _____
(Street) (City) (State) (Zip code)

Telephone #: () _____ - _____ Message #: () _____ - _____

Grade: _____ School Attending: _____

School Address: _____

Assistance Requested (Check Box):

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

PLEASE READ BEFORE SIGNING: I will attach a copy of the student's CDIB card and required documentation. If the required 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: _____

10/2/2017