



Wichita and Affiliated Tribes  
Education Department

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

College Graduate Application

Academic Year: 20\_\_ - 20\_\_

Please fill out information below and mail to address above or email to: [alayna.jackson@wichitatribe.com](mailto:alayna.jackson@wichitatribe.com)

The Education Banquet date is tentatively scheduled for the beginning of June each year. Invitations will be mailed out at the address provided below. **Please submit the following to complete the application:**

- o **Completed Application (DUE APRIL 1<sup>st</sup>)**
- o **Copy of Wichita and Affiliated Tribal Enrollment Verification (Enrollment Card or Letter)**
- o **Official Transcript (Most Recent) --- There will be honors recognition for 3.0+ GPAs.**
- o **Copy of Diploma (Once available)**
- o **Graduation Confirmation from School Counselor, Academic Advisor or School Official**
- o **Invoice/Receipt showing vendor and total cost if requesting Cap & Gown or Announcement Assistance**
- o **Photo for Graduation Slideshow (Photo due by May 1<sup>st</sup>)**

Date: \_\_\_/\_\_\_/\_\_\_ Student's Name: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Wichita Tribe Enrollment#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_ **Graduation Date:** \_\_\_/\_\_\_/\_\_\_

College/University: \_\_\_\_\_

Degree (Check One): \_\_AA \_\_AS \_\_BA \_\_BS \_\_MA \_\_MS \_\_PhD \_\_JD \_\_MD \_\_Other:\_\_\_\_\_

Major: \_\_\_\_\_ Minor:\_\_\_\_\_ Current Cumulative GPA:\_\_\_\_\_

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

Plan after Graduation:\_\_\_\_\_

Please check if requesting:

- Graduation Stole     Cap & Gown Assistance Graduation     Announcement Assistance

\_\_\_\_\_  
Signature

**Graduate Incentive Amounts: AA/AS=\$150; BA/BS=\$300; MA/MS=\$500; PhD/MD/JD=\$750. Based on availability of funds**

MFTR-----Date Received by Education Services Department : \_\_\_\_\_

Verified By: \_\_\_\_\_ (Initial)

WT Enrollment Verification? Yes \_\_\_ No \_\_\_ Graduation Verification? Yes \_\_\_ No \_\_\_ Invoice/Bill/Statement? Yes \_\_\_ No \_\_\_ Includes Student's Name? Yes \_\_\_ No \_\_\_



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This form must be filled out by a school counselor or school administrator. Please mail, email, or deliver to the Education Services Department. *An official form from the school indicating student has met graduation requirements can be submitted instead of this form.* **The Education Services Department staff will determine what will be accepted to verify graduation status.**

**VERIFICATION OF GRADUATION**

**Applicant:**

\_\_\_\_\_  
(Please Print) Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Tribal Enrollment No.

**AUTHORIZATION FOR RELEASE OF INFORMATION: My signature indicates I authorize the release of this information to the Wichita and Affiliated Tribes Education Services Department.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**Dear School Official: Please verify whether the above-named student is **graduating**:**  
**Academic Year: 20**\_\_\_\_\_**-20**\_\_\_\_\_

I verify the above-named student,

\_\_\_\_\_ is graduating for the  
upcoming year at this institution, the name of which is:

\_\_\_\_\_  
(Name of College/University)

\_\_\_\_\_  
(Printed Name Of School Counselor/ Administrator)

\_\_\_\_\_  
(Signature Of School Counselor/ Administrator)

\_\_\_\_\_  
(Date)