



Wichita and Affiliated Tribes
Education Services Department

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

High School Graduate Application

Academic Year: 20__ - 20__

Please fill out information below and mail to address above or email to: 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 1st)**
- 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/Verification from School Counselor, Academic Advisor or School Official**
- o **Invoice/Receipt showing vendor and total cost if requesting Cap & Gown, ACT Test Fees, Pictures, Class Ring, and/or Announcement Assistance. (Up to \$250.00 per student)**
- o **Vendor W-9 (can be accessed at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)**
- o **Photo for Graduation Slideshow (Photo due by May 1st)**

Date: ___/___/___ Student's Name: _____

SSN: XXX-XX-_____ Date of Birth: ___/___/___ Wichita Tribe Enrollment#: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone: (____)____-____ Email: _____@_____ **Graduation Date:** ___/___/___

High School Name: _____ Current Cumulative GPA: _____

School Address: _____

Plan after Graduation: _____

Please check if requesting:

Graduation Stole Cap & Gown Assistance ACT Fees Pictures Class Ring Announcements

Graduate Incentive Amount: \$100.00
Grade Incentive Amounts: 2.0+= \$25.00 2.5+= \$50.00
3.0+= \$75.00 3.5+= \$100.00
Based on availability of funds

Parent Signature

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)