



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

Education Assistance Application  
FY-20\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of assistance needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check One:** Fall Semester  Spring Semester  Both semesters  **Cost:** \$ \_\_\_\_\_

**Please Submit:**

- (1) Completed Application
- (2) Copy of Wichita and Affiliated Tribal Enrollment Verification
- (3) Tuition/Invoice/Bill
- (4) Letter of Intent explaining why you need training, assistance and/or funding and how it will be used
- (5) Completed [Budget Sheet](#)

**PLEASE READ BEFORE SIGNING:** I understand that the above information, if false, may lead to the disapproval of this application. I certify that the information is true and correct to the best of my knowledge. I will submit my/the student's grade(s), certification, and/or course completion certificate to the Wichita Tribe Education Services Department upon the end of the course. Parent/Guardian must sign if student is under the age of 18.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date