



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

Graduate College Grant
20__-20__ Academic Year

Date: _____

Student's Name: _____

SSN: XXX-XX _____ Date of Birth: _____ Cell Phone: _____

Address: _____

School Email: _____ Current Class Standing: _____

School Attending: _____ Graduation Date: _____

School Address: _____

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

Please Submit:

- (1) Completed Application
- (2) Copy of Wichita and Affiliated Tribal Enrollment Verification
- (3) Most recent Official Transcript
- (4) Verification of Enrollment (Letter from Registrar/Academic Advisor/etc.)
- (5) Letter of Intent (Explaining plans after graduations)

Printed Name

Signature

Date

STAFF USE: CAF

Date Received by Education Services Department: _____