

WICHITA AND AFFILIATED TRIBES



HIGHER EDUCATION

Wichita and Affiliated Tribes Education Department

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

Education Assistance Application FY-2021

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

Cell Phone: _____ Email: _____

School Attending: _____ Current Grade: _____

Education Course(s) 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

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 Department upon the end of the course. Parent/Guardian must sign if student is under the age of 18.

Printed Name

Signature

Date