



Wichita and Affiliated Tribes
Education Services Department

P.O. Box 729 - Anadarko, OK 73005
Telephone (405) 247-8612 - Fax (405) 247-2430
www.wichitatribe.com

College Graduation Application

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

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:

- Completed Application (DUE APRIL 1st)
Copy of Wichita and Affiliated Tribal Enrollment Verification (Enrollment Card or Letter)
Official Transcript (Most Recent) --- There will be honors recognition for 3.5+ GPAs.
Copy of Diploma (Once available)
Graduation Confirmation from School Counselor, Academic Advisor or School Official
Invoice/Receipt showing vendor and total cost if requesting Cap & Gown or Announcement Assistance
Photo for Graduation Slideshow (Photo due by May 1st)

Please fill out information below and mail to address above or email to: educationservices@wichitatribe.com

Student's Name: \_\_\_\_\_ Last four of SSN: XXX-XX-\_\_\_\_\_ Gender: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ 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 Cord & Stole Cap & Gown Assistance Graduation Announcement Assistance

Student Print Name Signature Date

Graduate Incentive Amounts: AA/AS=\$250; BA/BS=\$500; MA/MS=\$750; PhD/MD/JD=\$1,000. Based on availability of funds



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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)