



**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

**Education Assistance Application
FY-20__**

Applicant's Name: _____ Date of Birth: ____/____/____

Gender: _____ Last four of SSN: _____ Wichita Tribe Enrollment #: _____

Parent/Guardian Name: _____

Address: _____
Address City State Zip Code

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

Please email application and documents to: educationservices@wichitatribe.com

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