



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

Graduate College Grant
20__-20__ Academic Year

Student Name: _____ SSN: XXX-XX _____ Date of Birth: _____

Veteran: Y N Cell Phone: _____ Email Address: _____
(Please circle one)

Address: _____
Address City State Zip Code

Degree: _____ Major/Minor: _____ Graduation Date: _____

University Name: _____

School Bursar's Mailing Address: _____
Address City State Zip Code

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 graduation)

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

Printed Name

Signature

Date