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

STAFF USE: MFT/CAF

MONTHLY BUDGET PLANNER

Personal Budget

Month: Year:

Income Amount Monthly:

Monthly Income	Deposit Date	One-Time Payment Y/N	Estimated Monthly Income
Employment			
Allowance			
Child Support			
Government Support			
Scholarships/ Grants			
Savings			
Gift			
other			
		Total	

Monthly Fixed Bills:

Bill Name	Bill Due Date	Amount	Date Paid
Rent			
Electric			
Water			
Gas			
Car Payment			
Auto Insurance			
Waste Disposal			
Savings			
Other:			
	Total		

Monthly Credit Card/ Personal Loan Bills:

Credit Card/ Loan Name:	Total Outstanding Amount:	Due Date:	Amount:	Date Paid:
Total				

Monthly Subscription Bills:

Subscription Name:	Bill Due Date:	Amount:	Date Paid:
Cell Phone:			
Internet:			
Tv/App:			
Tv/App:			
Tv/App:			
Tv/App:			
Tv/App:			
Tv/App:			
Music:			
Music:			
Other:			
Other:			
	Total		

MONTHLY BUDGET PLANNER

Personal Budget

Month: Year:

Miscellaneous:

Miscellaneous	Date Purchased:	Amount:
Groceries		
Dining		
Shopping		
Hair Care		
	Total	

Total Budget:

Total Income:	
Total Costs:	
Remaining:	

Total Income comes from your incoming (pg. 1)

Total Costs - All amounts paid

Remaining - Subtracting Total Costs from Total Income

(Total Income) - (Total Costs) = (Remaining)

Notes: