Wichita and Affiliated Tribes
Education Service Department
P.O. Box 729 – Anadarko, OK 73005
Telephone (405) 247-8612 – Fax (405) 247-2430
www.wichitatribe.com

High School Graduation Assistance 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***)**
- **Copy of Diploma (***Once available***)**
- **Graduation Confirmation/Verification from School Counselor, Academic Advisor or School Official**
- **Invoice/Receipt showing vendor and total cost if requesting Cap & Gown, ACT Test Fees, Pictures, Class Ring, and/or Announcement Assistance. (***Up to $250.00 per student—While funds are available***)**
- **Vendor W-9 (***can be accessed at https://www.irs.gov/pub/irs-pdf/fw9.pdf***)**
- **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 4 of SSN: _____

Gender: _____ T-Shirt Size: _____ DOB: ___/___/___ Wichita Tribe Enrollment#: _____

Parent/Guardian Name: _____

Mailing Address: _____
Address City State Zip Code

Phone: (_____) _____-_____ Email: _____ ***Graduation Date:*** ____/____/____

High School Name: _____ Current Cumulative GPA:_____

School Address: _____
Address City State Zip Code

Plan after Graduation: _____

Please check if requesting: ☐ Graduation Cord & Stole ☐ ACT Fees ☐ Pictures ☐ Class Ring ☐ Announcements ☐ Cap & Gown Assistance

Graduate Incentive Amount: $100.00
Grade Incentive Amounts: 2.0+= $25.00 2.5+=$50.00
3.0+= $75.00 3.5+=$100.00
Based on availability of funds

_____ _____
Parent Signature Date

MFTR-------Date Received by Education Services Department : _____ Verified By:_____ (Initial)

WT Enrollment Verification? Yes __ No __ Graduation Verification? Yes__ No__ Invoice/Bill/Statement? Yes__ No__ Includes Student's Name? Yes__ No__

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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 High School)

_____

(Printed Name of School Counselor/ Administrator)

_____ _____

(Signature of School Counselor/ Administrator) **(Date)**