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

DEADLINES

July 1st- Students will be funded for the *full academic year* (both fall and spring semesters)

November 1st- Student will be funded for the *spring semester only*.

April 1st- Student will be funded for the *summer semester* **(college seniors only).** A separate application must be submitted for the summer semester.

****Please note that the **"Wichita and Affiliated Tribes Higher Education Scholarship Program Application Form" is the only form needed by the due date**. All other documentation can be turned in later as needed (ex. Official transcripts, schedules, verification of enrollment, etc.)

*****Based on availability of funds.*

ELIGIBILITY REQUIREMENTS

- Be an **enrolled member** of the Wichita and Affiliated Tribes. Students must provide proof of enrollment.
- Enrolled at an accredited college or university.
- Have a **financial need** as determined by the financial needs analysis form.
- Be enrolled full-time (12 hours or more) and have at least a 2.0 GPA.

SELECTION CRITERIA

All applications will be reviewed on an individual basis and approved/disapproved by the Education Director. The Education Services Department will notify the applicant in writing of the scholarship grant determination.

PAYMENT OF SCHOLARSHIP

The scholarship will be sent directly to the Financial Aid Office to pay for tuition, books and fees associated with the student's account, any remaining funds will be paid directly to the student. Contact the institution's Business Office for more information on amount owed to the school and their disbursement schedule. Scholarship funds are not to be used for repayment of student loans.

CONTINUED FUNDING

- Full-time students must complete 12 or more credit hours per semester at a 2.0 GPA on a 4.0 grade point scale.
- Students shall be eligible for funding for 10 semesters as long as they maintain a 2.0 GPA and meet the deadlines for submission renewal application, grades and verification of enrollment.

PROBATION/SUSPENSION

- Students who do not maintain the required hours and GPA for one semester; will be placed on probation status.
- Students who do not maintain the required hours and GPA for two consecutive semesters; will be placed on suspension status.
- Students suspended from the scholarship grant shall not be considered for future funding until they complete a minimum of 12 credit hours per semester with a semester GPA of 2.0.

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Dear Student:

Attached is the **Higher Education Scholarship Program Application** for the **current academic** school year. To be considered for funding, you must submit the following documentation:

NEW STUDENTS

- Complete the Wichita and Affiliated Tribes Higher Education Scholarship Program Application form.
- Signed Higher Education Student Agreement
- A copy of your Wichita and Affiliated Tribes Enrollment Verification
- A copy of high school transcript or GED/TABE certificate or Letter of Acceptance from the College/University
- Most recent **official transcript** *(continuing college students/concurrently enrolled H.S. students)*
- **Completed Financial Needs Analysis Form:** Prepared and certified by the college Financial Aid Officer (FAO) indicating the student's unmet need. **Must apply to FAFSA** for this form to be completed by your FAO. **THE HIGHER EDUCATION SCHOLARSHIP APPLICATION WILL NOT BE CONSIDERED FOR FUNDING WITHOUT THIS FORM BEING COMPLETE.**
- A letter of intent explaining why you wish to attend college, what you need funding for and how you will use funding if awarded
- Verification of Enrollment: A letter from the university's registrar office, academic counselor, or advisor stating you are enrolled as a full-time student.

CONTINUING STUDENTS

- Complete Higher Education Scholarship Program Application
- Signed Higher Education Student Agreement
- Official transcript for the last semester funded
- Verification of Enrollment
- Financial Needs Analysis Form prepared and certified by the college Financial Aid Officer indicating your unmet need.
- Degree Check documentation that shows degree completion progress. This document may be accessed on the student portal or requested from your academic advisor.

PLEASE SEND ALL AVAILABLE DOCUMENTATION. We understand some documents may not be readily available but it will be on you, the student, to ensure all required documents are turned for approval of funding. ***If you do not meet the deadline, you will be not considered for funding***. Call our office with any concerns, or questions at 405-247-8612. Or email your application to: **educationservices@wichitatribe.com**.

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Wichita and Affiliated Tribes Higher Education Scholarship Program Application Form

AY 20__-20__ APPLICATION

APPLICATION *(Please circle)*: NEW RENEWAL		
NAME:	SSN (*Last four)*: XXX-XX-_____	DATE OF BIRTH:
ADDRESS:		
CITY:	STATE AND ZIP CODE:	GENDER:
VETERAN *(Circle one):* YES NO	CONTACT NUMBER:	EMAIL ADDRESS:

UNIVERSITY – COLLEGE INFORMATION

UNIVERSITY/COLLEGE:		ADDRESS:
CITY:	STATE:	ZIP CODE:
CLASSIFICATION *(Circle one)*: FR SO JR SR	DEGREE *(Circle one)*: AA AS BA BS	MAJOR/MINOR: *Example: History/Math*
LAST SEMESTER FUNDED:	GRADUATION DATE:	YEAR

PLEASE READ AND SIGN

I declare that I will use any funds I receive from the Wichita and Affiliated Tribes Higher Education Scholarship Program solely for expenses connected with attendance at the College/University stated above. I hereby certify that the above information is true and correct to the best of my knowledge. I consent to the release of this information and the release of information from the college/university I am attending to the Wichita and Affiliated Tribes Education Department, or necessary agencies to complete my financial aid package. I understand that any scholarship/grant awarded me will be mailed to the Institution. I will provide a copy of my official transcript to the Wichita and Affiliated Tribes Education Services Department upon completion of each academic semester and a verification of enrollment for the next academic semester.

X _____ STUDENT SIGNATURE	_____ DATE

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STUDENT AGREEMENT

1. Students are required to submit timely **official transcripts**, as issued by the college or university for each semester funded by the education office.

2. After notification for not meeting academic requirements *(12 hours at a 2.0 GPA),* you, the student, will be placed on **Academic Probation** for the following semester.

3. Students on Academic Probation **must complete 12 semester hours at a 2.0 GPA** to get back in good standing with the Higher Education Scholarship Program.

4. Students who do not meet academic requirements while on probation, will be placed on **Suspension Status** from the program. Students suspended from the program will not be considered for future funding until they complete a minimum of 12 credit hours at a 2.0 GPA on their own.

5. Students receiving funding from the Higher Education Scholarship Program will be required to submit a **degree check every fall semester** for evaluation of the student's degree completion progress.

When a student pursuing a first-time degree cannot complete either a four or five-year Bachelor Degree program or complete a two-year Associate Degree program, the student must submit transcripts of grades, degree completion plan, and letter requesting an extension to the Education Services Department for review. The Education Director will make a determination of the student's eligibility for an extension to complete a degree and a notification will be sent to the student and placed in the student's file. In no case shall the extension exceed one academic year beyond the program plan. By signing, you are agreeing you understand the program requirements.

_____ _____

Student Signature Date

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FINANCIAL NEEDS ANALYSIS FORM

PART I – STUDENT INFORMATION (*Must be completed by student)*

NAME: _____ SSN: _____

ADRRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NUMBER: _____ EMAIL: _____

I giver permission for the College/ University to release financial and academic information to the Wichita and Affiliated Tribes Education Services Department. The Education Department needs the financial aid information listed in PART II before any action will be taken on my application. Please complete PART II and forward to:

The Wichita and Affiliated Tribes
Education Services Department
PO Box 729
Anadarko, OK 73005

_____ _____
Student Signature Date

Dear FAO: The above student has applied to the Wichita and Affiliated Tribes Education Services Department for the Higher Education Scholarship Program. Verified financial aid information is requested to verify student's unmet need before any action will be taken. Please complete the form and forward to the address above.

ACADEMIC YEAR 20__-20__

PART II – TO BE COMPLETED BY FINANCIAL AID OFFICE

___ Student has not applied for financial aid. Need cannot be determined.
___ Student's application is incomplete and cannot be considered.
___ Funds exhausted at institution.

Student Status:
_____ Independent
_____ Dependent

BUDGET PERIOD: From: _____ To: _____ Start Date: _____ Hrs. Enrolled: _____

COLLEGE/ UNIVERSITY TUITION & FEES		STUDENT RESOURCES		INSTITUTIONAL AWARDS	
Tuition	$_____	Parent Contribution	$_____	SEOG	$_____
Fees	$_____	Student/ Spouse Contribution	$_____	Perkins Loan	$_____
Room/ Board	$_____	TANF/Welfare	$_____	Stafford Loan	$_____
Books	$_____	VA Benefits	$_____	Pell Grant	$_____
Travel	$_____	Social Security	$_____	C. W. S	$_____
Miscellaneous	$_____	State Grants	$_____	Voc. Rehab.	$_____
TOTAL COST	**$_____**	Other	$_____	Scholarship(s)	$_____

TOTAL RESOURCES & AWARDS $_____

(Total Expenses) - (Total Resources + Total Awards) = STUDENT UNMET NEED $_____

IMPORTANT: AWARD CHECK WILL BE SENT TO ADDRESS BELOW:

_____ _____ _____ _____
FAO NAME (Printed) FAO SIGNATURE PHONE NUMBER DATE

_____ _____
COLLEGE/ UNIVERSITY MAILING ADDRESS CITY/STATE/ZIP CODE

COLLEGE/UNIVERSITY SEAL