



Education Fellowship Fund Application

Address:

23701 South 655 Road, Hwy 10
Phone: (918) 787-5452 Ext 204
Grove, OK 74344

Email:

Shaun Moore [smoore@sctribe.com]
Carol Brown [cbrown@sctribe.com]

Phone:

Shaun Moore - Human Resource & Education Clerk
(918) 787-5452 Ext. 204 (Any inquiries regarding Education)

Carol Brown - Human Resource & Education Manager

(918) 787-5452 Ext. 203
Toll Free: (866) 787-5452
Fax: (918) 787-6804

APPLICATION DUE DATES:

Fall Semester-July 15

Spring Semester-November 15

Summer Semester-April 15

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

M: \_\_\_\_\_ F: \_\_\_\_\_ Roll #: \_\_\_\_\_ SS# \_\_\_\_\_

Student ID \_\_\_\_\_ Phone: \_\_\_\_\_ Alt : \_\_\_\_\_

E-mail: \_\_\_\_\_ Full Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

Full Address: \_\_\_\_\_

College Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Application is for: Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

Expected Degree: Associate: \_\_\_\_\_ Bachelor: \_\_\_\_\_ Masters: \_\_\_\_\_ other: \_\_\_\_\_

Indicate Student classification during this semester:

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate Student \_\_\_\_\_

Please specify amounts/length for the following

Enrolled in: \_\_\_\_\_ College Credits \_\_\_\_\_ Clock Hours Training \_\_\_\_\_ Weeks/Months Training

Have you received a Tribal Grant before? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, list dates:)

Number of Semester Hours earned: \_\_\_\_\_ Quarter Hours: \_\_\_\_\_ Funded: \_\_\_\_\_

Do you wish to have any information released or shared with anyone else? (Mother, Father, Spouse, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_
(If yes you must fill out a release form for that individual before any information can be released to them.)

STATEMENT OF UNDERSTANDING

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Education Department of any change in the above information. I have read and understand the Seneca-Cayuga Guidelines for the Seneca-Cayuga Education Fellowship Fund program and agree to comply with all stated requirements.

Applicant/Student Signature

Date

PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned student of this University/College/Vo-Tech/Trade School do hereby give my permission for the release of academic information to the Seneca-Cayuga Nation Education Department for Tribal Fellowship Funds. This shall include, but limited to; enrollment status, grade reports, student classification and number of hours completed and enrolled.

Applicant/Student Signature

Date