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Tribal Scholarship Application

PO Box 453220 Grove, OK 74345

Phone: (918) 791-6041 Fax: (918) 787-6804 E-mail: education@sctribe.com

APPLICATION DUE DATES

Fall Semester: July 15th

Spring Semester: November 15th

Summer Semester: April 15th

Applicant: _____ DOB: _____

Roll # _____ SS #: _____ Student ID #: _____

Phone # _____ Alt. Phone #: _____ E-mail #: _____

Address: _____

School Name: _____ Phone #: _____

Address: _____

College Major: _____ Expected Graduation Date: _____

Application is for: Fall (year): _____ Spring (year) _____ Summer (year): _____

Expected Degree: _____ Associates _____ Bachelor _____ Masters _____ Other

If other, please explain: _____

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 _____ Weeks/Months Training

Have you received a Tribal Grant before? _____ Yes _____ No

If yes, what years? _____

Statement of Understanding

All information provided on this form is true & 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 Nation Education Department of any change in the above information. I have read & understand the Seneca-Cayuga Nation Guidelines for the Tribal Scholarship program & agree to comply with all stated requirements.

Applicant Signature

Date

Permission for Release of Information

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

Applicant Signature

Date