☐ Check here If you have had a change of address.
Please complete the Change of Address Form and provide with application.

Revised 05/07/2026

SENECA - CAYUGA NATION

Tribal Scholarship Application

PO Box 453220 Grove, OK 74345

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

Fall Due Date: July 15th **Spring Due Date: November 15th** **Summer Due Date: April 15th**

Applicant:_____ **DOB:**_____

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

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

Mailing Address:_____ **City:**_____ **State:**_____ **Zip:**_____

School Name:_____

School Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Phone#:_____ **College Major:**_____

Student Classification: ☐ **Freshman** ☐ **Sophmore** ☐ **Junior** ☐ **Senior** **Expected Graduation Date:**_____

An application package is not considered complete unless copies of the below listed items documents are attached:	**Enrolled in**	**Check Expected Degree**	**Check which Semester**
1)Completed Tribal Scholarship Application	_____College Credits	_____Associate	
2)Copy of Tribal Enrollment Card	_____Clock hours	_____Bachelor	____Fall
3)Official Transcript (unofficial will not be accepted).	_____Weeks Training	_____Graduate	____Spring
4)Class of schedule (must include school name, student name, semester enrolled in, and number of credit hours enrolled in).	_____Months Training	_____Other	____Summer
	Have you received Tribal Scholarship Funds before?		
	_____**Yes** _____**No**		
	If yes, what years?_____		

Applicant Agreement & Release Authorization

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 acknowledge that I have read and understand the Seneca-Cayuga Nation Tribal Scholarship Guidelines , and I agree to comply with all the stated requirements of the scholarship program.

I futher authorize the University, College, Vo-Tech, or Trade School I attend to release my acedemic information to the Seneca-Cayuga Education Department for purposes of determining eligibility and maintaining participation in the Tribal Scholarship Program. This authorization includes, but is not limited to:

Enrollment status - Grade reports - Student classification - Number of hours completed - Number of hours enrolled

_____

Applicant Name (Printed)

_____ _____

Applicant Signature **Date**

Article X Records C. Updating Records 2. Address Change: Written Statement signed by Nation member or his or her guardian.