

## **Tribal Scholarship Application**

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## **APPLICATIONS DUE DATES:**

Fall Semester-July 15

**Spring Semester-November 15** 

**Summer Semester-April 15** 

Applicant:	DOB:	M: F:	
Roll #:S	SS#	Student ID	
Phone:	Alt #:	E-mail:	
Address:	City:	State:Zip:	-
Name of School:			
Address:	City:	State: Zip:	
College Major:	Expected Gi	aduation Date:	
Application is for: Fall (year):	spring (year):	summer (year):	_
Expected Degree: Associate:Bach	elor:Masters: _	other:	
Indicate Student classification during this s	emester:		
Freshman Sophomore Junior	Senior	Graduate Student	
Please specify amounts/length for the follow	wing		
Enrolled in:College Credits Clock I	Hours Training Weel	s/Months Training	
Have you received a Tribal Grant before?	Yes No If ye	s, what years?	
Number of Semester Hours earned:	Quarter Hours:	Funded:	
STATEMENT OF UNDERSTANDING			
All information provided on this form is true official, I agree to provide proof of the infor Cayuga Nation Education Department of an I have read and understand the Seneca-Cay comply with all stated requirements.	mation I have provided on y change in the above infor	this form. I agree to notify the Sene mation.	ca-
Applicant/Student Signature		Date	
PREMIS	SION FOR RELEASE OF INF	ORMATION	

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 Department for Tribal Scholarship program. This shall include, but limited to; enrollment status, grade reports, student classification and number of

## **Applicant/Student Signature**

hours completed and enrolled.