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CLOCK HOURS INSTRUCTOR VERIFICATION FORM

Date: _____

Institution: _____

Instructor: _____

Student: _____

Semester: _____

Number of clock hours to obtain certificate: _____

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 Nation Education Department of any change in the above information. I have read and understand the Seneca-Cayuga Nation Guidelines for the Tribal Scholarship program and agree to comply with all stated requirements.

Instructor

Date

Please provide all updated contact information for the above Instructor

Phone Number: _____

E-mail: _____