



Iowa Tribe of Oklahoma Higher Education Fund

335588 E. 750 Rd Perkins, OK 74059

Phone: (405) 547-2402, Ext. 3301

Fax: (405) 547-1093

DEADLINES for *Fall*: **June 30**, *Spring*: **December 1**, *Summer*: **May 1**

***** NOTICE TO ALL APPLICANTS *****

1. This application is for enrolled tribal members of the Iowa Tribe of Oklahoma ONLY.
2. Absolutely **NO LATE APPLICATIONS** will be accepted or reviewed.
3. No application will be considered complete until all documents have been received by the ITO Education Department.
4. Please be sure all requested documents are submitted by the 90-day absolute deadline or funding will be denied.
5. BIA funding will be determined on this application, availability of funds, and order completed applications are received.

HIGHER EDUCATION

Eligibility Guidelines:

- MUST be an enrolled member of the Iowa Tribe of Oklahoma.
- Must be admitted to an accredited institution of higher learning in either a full-time or part-time capacity.
- Must be seeking to obtain a bachelor's degree in ten (10) semesters, or associate degree in six (6) semesters, or graduate degree.
- Applicants completing an associate degree and continuing toward a bachelor's degree will be subject to the same (10) semesters limit.
- When all the eligible expenses of a recipient attending an institution are met by another full scholarship, the student will be determined to have a zero need and not eligible for an award.

Receipt of Funds Options:

1. Eligible tribal members receiving funds from the Higher Education Fund will be able to select the amount of money received by selecting an option for disbursement. This option is being offered for student personal budget planning.
2. Eligible tribal members will select the funding option of their choice in the Spring or their beginning semester each calendar year for awards they will receive in the Spring, Summer, and Fall. This is designed to coincide within the Iowa Tribe of Oklahoma Business Committee budget schedule.
3. The chosen option for the entire academic year cannot be changed once Spring semester money has been dispersed. (EX: \$5,000.00 for Spring then changing to \$7,000.00 for Fall will NOT be allowed. \$5,000.00 will have to be given in Fall with \$4,000.00 available at Summer as designated.)
4. All funding options will be considered "up to" the amounts listed below based on the Financial Need Analysis forms completed by the school.
5. The following options are available for student receipt of funds:

Option A: Fall/Spring \$7,000.00 per semester

Option B: Fall/Spring \$5,000.00 per semester; Summer \$4,000.00

VO-TECH/TRADE SCHOOL

Eligibility Guidelines:

- MUST be an enrolled member of the Iowa Tribe of Oklahoma.
- Must be admitted to a certified technical, vocational, or trade school or program.
- Must be seeking a diploma, certification, or licensure within their particular career, technical, vocation, or trade area of expertise.
- When all the eligible expenses of a recipient attending an institution are met by another full scholarship, the student will be determined to have a zero need and not eligible for an award.

CHECKLIST FOR FIRST-TIME APPLICATION SUBMISSION:

- _____ Completed application
- _____ ITO Tribal membership card
- _____ Valid state-issued ID/Driver's License
- _____ Written narrative detailing applicants' educational goals OR use for training/certification
- _____ Letter of Acceptance from an eligible institution or technical program/institution
- _____ High School transcript OR General Education Development (GED) certificate along with any previous college transcripts.
- _____ Student Submission Summary from the Free Application for Federal Student Aid (FAFSA) for the current year
- _____ Financial Need Analysis form completed and signed by institutions' financial aid office
- _____ Detailed course schedule
- _____ Statement of tuition and fees from institution

CHECKLIST FOR CONTINUING, RETURNING, OR TRANSFER STUDENTS:

- _____ Completed application for current academic semester
- _____ Updated official academic transcript OR progress report including previous term grades
- _____ Student Submission Summary from the Free Application for Federal Student Aid (FAFSA) for the current year
- _____ Financial Needs Analysis form to be updated, completed, and signed by the financial aid office
- _____ Detailed course schedule
- _____ Official Letter of Acceptance (if different than previous educational institution)



ITO Higher Education Application

Please submit completed applications to:

ITO Higher Education Department

335588 E. 750 Rd

Perkins, OK 74059

FALL DEADLINE: June 30th SPRING DEADLINE: December 1st SUMMER: May 1st.

Please complete application in blue/black ink. All information requested is necessary to determine eligibility. **Applications must be turned in by the deadline date. No late applications will be accepted.**

(Please circle your program choice)

Career/Vo-tech/Trade

Higher Education

NAME: (Please Print)			/ /		/ /	
Last	First	Middle	Birth Date		Social Security #	
Mailing Address:						
Street/P.O. Box			City	State	Zip	
Phone #:		Message #:		E-mail Address:		
Graduation/GED Year:						
GED or HS Diploma (Circle One)						
APPLICATION REQUEST:		FALL 20	SPRING 20	SUMMER 20		
OPTION FOR FUNDING DISBURSEMENT (circle choice):						
Option A			Option B			
Accredited College/Technical School: Name & Address			City	State	Zip	
College Major/ Area of Study						
Year in College: (Circle One)		Freshman	Sophomore	Junior	Senior	Graduate
Housing: (Circle One)		On Campus	Off Campus	with Parents		
Do you have any physical limitations that would be a barrier in your education? YES or NO						
If Yes, please explain:						
STATEMENT OF EDUCATION PURPOSE: I affirm that I will use any funds received from the Iowa Tribe's Higher Education Grant Program solely for the expenses connected with attendance at the Education Institution mentioned above. I acknowledge that any information submitted is confidential, and that all information I have submitted is true and correct to the best of my knowledge. <u>I consent to the release of information to necessary agencies in order to complete my financial aid packet.</u>						
<i>***I agree to provide a copy of my GRADES, FINAL TRANSCRIPT, and/or GRADUATION to the Higher Education dept.</i>						
<i>NOTICE to the Iowa Tribe's Education office at the end of each academic term for grant compliance. I further assure that I will notify the Education Office <u>before</u> withdrawing from classes or school.</i>						
SIGNATURE: _____			DATE: _____			



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*NOTE: A FAX is acceptable for deadlines; however, the **Original MUST** be mailed to this office by the school.

Part 1 – To be completed by Student

NAME: _____ SOCIAL SECURITY # _____ E-Mail: _____

FULL ADDRESS: _____ PHONE: _____ MESSAGE: _____

APPLICATION REQUEST: Fall 20 _____ Spring 20 _____ Summer 20 _____

PLEASE CIRCLE: College/University Semester Trimester Quarterly

CHECK ONE: FR _____ SO _____ JR _____ SR _____ GR _____ # HRS _____ (12 or more or Full-Time per institution)

***I hereby authorize my college/school to release the following information to the Iowa Tribe for grant eligibility determination.

Signature _____ Date _____

Part II – To be completed by Financial Aid Officer

Is the student receiving a full scholarship from academics, athletics, or leadership? (check one) YES _____ or NO _____

SCHOOL/STUDENT EXPENSES	AMOUNT	STUDENT RESOURCES	AMOUNT	AWARDS	AMOUNT
TUITION		Student/Spouse CONTRIBUTION		PELL GRANT	
FEES		Parent CONTRIBUTION		FEDERAL SEOG	
BOOKS		VETERAN'S BENEFITS		FEDERAL WORK STUDY	
SUPPLIES		SOCIAL SECURITY		FEDERAL PERKINS	
ROOM & BOARD		VOCATIONAL REHABILITATION		FEDERAL STAFFORD	
DEPENDENCY		FELLOWSHIPS		FEDERAL SLS	
TRANSPORTATION		IHS GRANTS		COLLEGE/UNIVERSITY SCHOLARSHIP	
PERSONAL EXPENSES		STATE INDIAN SCHOLARSHIPS		FEDERAL PLUS LOAN	
LOAN FEES				STATE TUITION GRANT	
OTHER (LIST)		OTHER (LIST)		COLLEGE/UNIVERSITY SCHOLARSHIP	
				INCENTIVE	
				TUITION WAIVER	
				OTHER (LIST)	
TOTAL SCHOOL/ Student Expenses	\$	TOTAL RESOURCES	\$	TOTAL AWARDS	\$

FINANCIAL AID OFFICER:

COLLEGE/SCHOOL ADDRESS:

Print Name: _____

Signature: _____

Date: _____ **Phone:** _____

Fax: _____