

Department of Higher Education
Higher Education Program
P.O. Box 38
Concho, OK 73022



Toll Free: 1-800-247-4612
Or (405) 262-0345 Ext. 27653 or 27646
Fax: (405) 262-5419

STATEMENT OF PRIVACY

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority (whether granted by statute, or by executive order of the President) which authorizes the solicitation of the information and whether disclosures of such information is mandatory or voluntary;
- B. The principal purpose or purposes for which the information is intended to be used;
- C. The routine uses which may be made of the information, as published pursuant to paragraph (4) (D) of this subsection: and
- D. The effects on him, if any, of not providing all or any part of the requested information.

The Cheyenne-Arapaho Higher Education Scholarship Program operates under the general authority of 25USC 13, 42 Stat. 208 P.L. 67-85, with specific regulations contained in 25 CFR, Subchapter E, Part 32, Administration of Education Loans, Grants and other Assistance for Higher Education. In accordance with the accountability required for the administration of funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of all applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office, specifically, the release of term grades and transcripts to the Cheyenne-Arapaho Tribes Higher Education Office.

Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining Higher Education Assistance under this program.

I give authority to release to appropriate persons, in the event of an emergency, information in regard to my location.

I have read the statement of privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the uses specified in the statement. I, also, understand that I must furnish the grades for the previous funded term for compliance before the next terms award is processed.

NAME: _____
PRINTED OR TYPED

WITNESS

SIGNATURE OF APPLICANT

DATE