

Department of 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

## HIGHER EDUCATION GRANT APPLICATION

Academic Year: 20\_\_ - 20\_\_

Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL MAIDEN

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_  
STREET CITY STATE ZIP

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Which term(s) will you be attending? Entire Academic Year Spring Only Fall Only Summer

What will be your enrollment status: Full Time Part Time MALE FEMALE

Marital Status: Single Married Divorced Separated Number of Dependents \_\_\_\_\_

Veteran? Y N State of Residency \_\_\_\_\_ Cheyenne and Arapaho Tribes Enrollment Number \_\_\_\_\_

Name & Address of High School \_\_\_\_\_

Type of High School BIA Tribal Private Mission Public GED Graduation/GED Date \_\_\_\_\_

Name of institution \_\_\_\_\_

Address of institution \_\_\_\_\_  
STREET CITY STATE ZIP

College major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Degree expected to receive AA BA BS MA Other \_\_\_\_\_

Classification: Freshman Sophomore Junior Senior Graduate

I will live: On Campus Off Campus With Parents

Have you previously received a Cheyenne and Arapaho Tribes Higher Education Grant? Y N

If yes, what was the last year and semester you received a grant? \_\_\_\_\_

Number of Semester Hours Earned \_\_\_\_\_

Number of Quarter Hours Earned \_\_\_\_\_

STATEMENT OF EDUCATION PURPOSE: I declare I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expense connected with attendance at:

Name of Institution \_\_\_\_\_

Address of Institution \_\_\_\_\_

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_