

**Cheyenne Arapaho Education Department
Education Gaming Application**



Academic Year 200____ - 200____ Date of Application _____

Which of the following categories are you applying for funds:

(Please read and check one of the following. If you are unsure of which category to check, please read "EDUCATION DEPARTMENT PROGRAMS GAMING ALLOCATION PLAN 2005"

- ___ 1. Direct College Expenses - This includes those students who are not eligible under the BIA HE Contract guidelines with demonstrated need, full time student expenses such as tuition, fees and books and any emergency supplemental needs.
- ___ 2. Part Time Student Expenses - Tuition, fees and books for part time students at college and/or vocational schools which includes but not limited to non-service areas students.
- ___ 3. College GPA Incentive Awards - based on semester GPA for full time students
- ___ 4. HS Senior Expenses -\$100 per student for HS Senior related expenses.
- ___ 5. Graduation from GED, HS and College Incentives -
- ___ 6. College Prep Expenses - ACT and SAT Fees, Workshop Participation, College Campus Tours, Cheyenne Arapaho Scholars Program (student who participate in the OHLAP program (Oklahoma Higher Learning Access Program), College Concurrent Enrollment and College Admission fees.
- ___ 7. Correspondence Courses/Certification Fees - Summer School fees for HS students who need to graduate on schedule.
- ___ 8. Enrichment Programs - Assistance for Students who have been selected to participate in an academic program or camp.
- ___ 9. Haskell and SIPI Expenses - Transportation and Fees
- ___ 10. School Clothing and Eye Glass programs.
- ___ 11. Special Circumstances and Special Requests for Assistance

PART 1- TO BE COMPLETED BY STUDENT OR PARENT/GUARDIAN OF STUDENT

STUDENT'S NAME _____ SS# _____

DATE OF BIRTH _____ AGE _____ GRADE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MESSAGE PH _____ PHONE _____ SEX _____ M _____ F

MARITAL STATUS: () SINGLE () MARRIED () DIVORCED () DEPENDENTS (NOT INCLUDING STUDENT) _____

TRIBAL ROLL# _____ PLEASE ATTACH A COPY OF YOUR CDIB.

PARENTS/GUARDIANS NAMES AND ADDRESS: _____

STATEMENT OF PRIVACY

The Cheyenne — Arapaho Tribes of Oklahoma has a contract with the Bureau of Indian Affairs Higher Education Assistance Program which operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P1. 61-85 with specific legislation contained in 25 USC, Subchapter B, Part H. Administration of Educational Loans, Grants, and Other Assistance for Higher Education. In accordance with the accountability required for the Administration of the funds appropriated for the program and in order to provide service to recipients, and to declare eligibility, certain information is needed of 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 in for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this 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 have read the statement on privacy listed with this application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Student Signature: _____ Parent Signature: _____

**Return To: EDUCATION DEPARTMENT, ATTN: GAP, Cheyenne & Arapaho Tribes, P O Box 38
Goncho OK 73022 (405)262-0345 OR 1-800-247-4612, ext. 27568 OR ext. 27560**



~PROJECT EYES~

Date of Application: _____

- *Basic eyeglass exam and/or contact lens exam purchases will be provided up to \$100.00 per student.
- *Contact fitting fees will be paid by parent/guardian.
- *Eyeglasses and/or Contact Lens assistance will be provided up to \$100.00 per student.
- *Students will be eligible for assistance on a bi-annual basis.
- *Students must be attending a public school in grades HDS-12th grade.
- *Any amount over approved amount will be the responsibility of the purchaser.
- *Eyeglass/Contact and exam purchases will be made only to the vendor.
- *Any follow-up (adjustments) will be the responsibility of the parent/guardian.
- *Warranty information (broken glasses) will need to be addressed to the vendor.

Student Name: _____ DOB: _____

School Attending: _____ Grade: _____

Tribal Enrollment: # _____ Phone: # _____

Parent/Guardian Signature	Address	City/State/ZIP
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Make Check Payable To/Vendor Name & Address:

Is student receiving assistance from another Resource? Y N If yes, please list.
Other Resources:

OFFICE USE

CDIB # _____ COST of Exams: \$ _____

School Enrollment Verified: _____ COST of Glasses: \$ _____

Copy of Prescription Rec'd: _____ Project EYES: \$ _____
(Maximum \$200.00)

Check # _____ Approved Amount: \$ _____

Approved by: _____