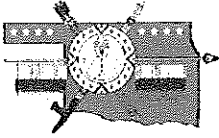


Cheyenne Arapaho Education Department Education Gaming Application



Academic Year 20__ - 20__ 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 high school senior year 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 students 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 high school students who need to attend to graduate.
- 8. Enrichment Programs. Assistance for students who have been selected to participate in an academic program or camp.
- 9. Haskell or Southwestern Indian Polytechnic Institute (SIPI) expenses. Transportation and fees
- 10. School Clothing and Eye Glass programs.
- 11. Special Circumstances and Special Requests for Assistance. Please give a brief explanation.

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 _____

TELEPHONE NUMBER _____ CELL/MESSAGE TELEPHONE _____ SEX M F

MARITAL STATUS: SINGLE MARRIED DIVORCED DEPENDENTS (not including student) _____

TRIBAL ROLL# _____ PLEASE ATTACH A COPY OF YOUR CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB).

PARENT'S/GUARDIAN'S 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 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, Part E. 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 services 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 is 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: Department of Education, ATTN: JOM
Cheyenne & Arapaho Tribes
P.O. Box 167
Concho, OK 73022

Call (405)262-0345 or 1-800-247-4612, ext. 27658 or 27566 if you have any questions.