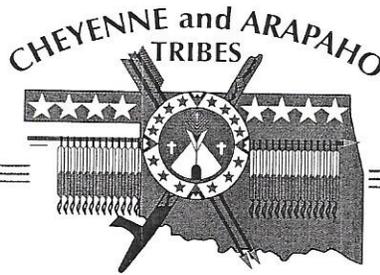


Department of Education
Higher Education Program
P.O. Box 167
Concho, OK 73022



Toll Free: 1-800-247-4612
(405) 262-0345 X 27568
(405) 422-7653 and 422-7646
Fax: (405) 422-8211

CHEYENNE AND ARAPAHO TRIBES FEDERAL AID GRANT
CONCHO AGENCY

TYPE: Graduate and Undergraduate

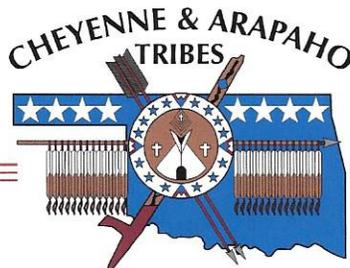
PURPOSE: The United States Government, through the Bureau of Indian Affairs, provides annual educational assistance to Indian students to enable them to attend institutions of higher learning. The Cheyenne and Arapaho Tribes, pursuant to P.L. 93-638, have contracted to administer this program for tribal members enrolled at the Concho Agency.

ELIGIBILITY: In order to qualify for an award, applicant must be certified by the Concho Agency to be at least ¼ or more degree Cheyenne and Arapaho Indian; be a high school graduate or GED graduate; approved for admission by the college/university; in need of financial aid; and give reasonable assurance they will be successful in completing a 4-year college degree program. Summer and part-time students may be considered for assistance.

AMOUNT OF AWARDS: Based on unmet need and availability of funds. Grants to part-time students may be limited.

APPLICATION DEADLINE: JUNE 1st for first semesters, NOVEMBER 1st for second semesters, and APRIL 1st for summer semesters (for those students who need to attend summer school in order to graduate). All late applications must be accompanied by an appeal letter.

ADDRESS INQUIRIES TO: Cheyenne and Arapaho Tribes Higher Education Program
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Concho, OK 73022
Toll Free: 1-800-247-4612 ext. 27568
Direct: (405) 422-7653 or (405) 422-7646
Fax: (405) 422-8211



HIGHER EDUCATION GRANT APPLICATION CHECKLIST

The following items are required to complete your Higher Education applications.

Your application will not be complete until all items have been received in our office. Do not send faxed application or documents --we must have the originals:

- ___ 1. **HIGHER EDUCATION GRANT APPLICATION**
- ___ 2. **STATEMENT OF PRIVACY FORM**
- ___ 3. **PERSONAL LETTER**--state information about yourself, the school you will attend and your major, why you need a grant, how you plan to use the funds, what degree you will obtain, objectives following graduation, etc. Address plans to attend a 4-year university, if you are attending a 2-year program.
- ___ 4. **DEGREE PLAN**--Can be copied from school catalog or picked up from advisor.
- ___ 5. **CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB)**--A one-page CDIB (not a tribal ID Card).
- ___ 6. **OFFICIAL HIGH SCHOOL TRANSCRIPT OR GED TEST SCORES AND DIPLOMA/CERTIFICATE**
- ___ 7. **OFFICIAL COLLEGE TRANSCRIPT ***
- ___ 8. **COLLEGE ADMISSION LETTER/LETTER OF ACCEPTANCE**
- ___ 9. **APPLY FOR FAFSA**--student MUST apply for PELL grant
- ___ 10. **FINANCIAL NEEDS ANALYSIS (FNA) FORM ****
- ___ 11. **CLASS SCHEDULE**---on school letterhead or stamped by registrar.
- ___ 12. **LETTER FROM ADVISOR*****----stating they must attend summer school to attain degree requirements and graduate at the the end of the summer.
- ___ 13. **DEGREE EVALUATION FROM JUNIOR LEVEL APPLICANTS**---senior-level applicants are also required to send a letter from their advisor listing anticipated date of graduation.
- ___ 14. Graduate Students are required to apply for a second scholarship and send an award letter or denial letter.

*does not apply to First-Semester Freshmen

**If required to attend summer school--submit two FNAs (one for fall/spring and one for summer)

***required if attending summer school in order to graduate

Application Deadlines

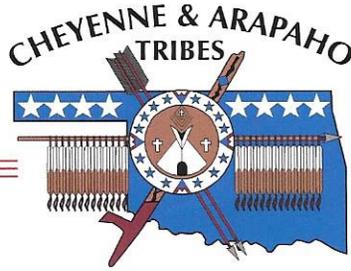
Fall: June 1st ----- Spring: November 1st ----- Summer: April 1st

QUESTIONS?

Wanda Whiteman, Coordinator
wwhiteman@c-a-tribes.org
405-422-7653 • 405-422-7646
heducation@c-a-tribes.org

Email correspondence is strongly encouraged.

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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 _____



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.

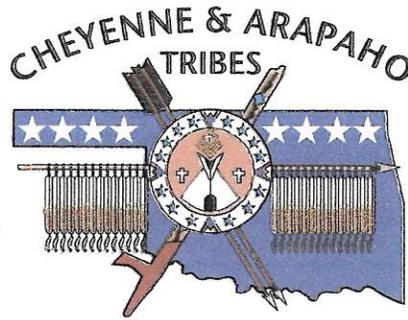
NAME: _____
PRINTED OR TYPED

WITNESS

SIGNATURE OF APPLICANT

DATE

DEPARTMENT
OF
EDUCATION
P.O. Box 167
Concho, OK 73022



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(405) 422-7646
(405) 262-0345 Ext. 27560
Tele-Fax (405) 422-8211
1-800-247-4612
wwhitman@c-a-tribes.org

~Affidavit~

I, _____, grant the following individual(s) listed below, permission to receive information regarding my application status, information regarding my check disbursement status, and/or other information regarding my BIA-Higher Education Scholarship application. I understand that I need to inform the Higher Education Scholarship Program if this person is no longer authorized.

Selection 1 (must show I.D.)

Selection (must show I.D.)

X

Signature of
Higher Education Applicant

Date

~MUST BE NOTARIZED~

Tribal I.D Card Roll #2801A _____

Other I.D. _____ Type: _____ Expires: _____

State of: _____

County of: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public Signature

My commission expires on: _____