



the Chickasaw Nation Division of Education

300 Rosedale Road / Ada, OK 74820 / Phone: (580) 421-7711 Website: https://services.chickasaw.net

Bill Anoatubby Governor

Required Fields

Applicant – please complete

Name: _____

SSN: _____

Classification:

- Freshman Graduate Sophomore Doctorate Junior Senior

Life-Time Scholarship Application Spring

The Chickasaw Nation is pleased to offer its students funding assistance for college. The Chickasaw Nation Life-Time Scholarship is available only to full-time college students. Chickasaw students attending college while maintaining a GPA of 3.0 or higher each semester with 24 hours of college credit will be eligible for this scholarship. The scholarship is intended to assist students by providing funding for tuition, fees, books and room and board for those students pursuing a degree from an accredited institution of higher education. The field of study is not limited to any particular discipline. The primary objective of this program is to provide scholarships to increase the number of Chickasaw citizens in college. After completing this page, the attached application and providing us with the required documentation, your application shall be reviewed for consideration of funding. If selected as a finalist, you will be required to come to our office for an interview with a panel of judges, or if you are not within driving distance, a teleconference will be conducted with you. All scholarships offered by the Chickasaw Nation are for tribal citizens only. No student shall be considered for funding who does not have a Chickasaw Nation citizenship card or citizenship confirmation. Applications and documentation can no longer be submitted by fax. All scholarship applications and supporting documentation must be in the education service's office by the end of business day on the stated deadline date – fall semester – July 1st. Funding will not be disbursed until all documents are in, including your semester enrollment.

SCHOLARSHIP AWARD

The scholarship shall be awarded to a limited number of new recipients each year selected by a scholarship selection committee. The decision of the committee shall be final. Students are eligible for renewal each year thereafter so long as the requirements are met until the time of graduation. Continuing students who have, or will have completed their undergraduate work and wish to apply to graduate school must reapply for the scholarship.

This scholarship contains a service repayment component upon graduation. By signing the scholarship agreement together with its terms and conditions, each applicant is agreeing that in return for the financial assistance provided under this scholarship by the Chickasaw Nation, he/she is granting the Chickasaw Nation the right-of-first-refusal (a provision in the agreement that gives the Chickasaw Nation the choice to waive or require the service repayment) for his/her services upon graduation. The scholarship recipient may fulfill the service repayment requirements of the scholarship by agreeing to work one (1) year for each year the scholarship was received, with a maximum of two (2) years of service, for the Chickasaw Nation upon graduation. At no time is the Chickasaw Nation under any obligation or requirement to offer employment to any scholarship recipient. Should the Chickasaw Nation decline to offer employment to any scholarship recipient, such action shall waive the service repayment requirements. Upon completion of the service repayment, the entire amount owed shall be forgotten. Students should contact the higher education office at (580) 421-7711 for additional scholarship information.



Life-Time Scholarship Application - Spring

Application must be RECEIVED by July 1st for all applications and supporting documentation for fall semester.

Personal Information

First Name: _____
 Middle Name: _____
 Last Name: _____
 Maiden Name: _____
 Date of Birth: _____
 Address: _____

 City: _____
 State: _____ Zip Code: _____
 Phone: _____
 E-Mail Address (Required Field): _____

Note: All Chickasaw Nation correspondence will be sent to this e-mail address. This will ensure a more efficient notification process regarding the status of your application. Students are responsible for checking their e-mail regularly to guarantee receipt of correspondence.

I do not have an e-mail address. Please continue to issue all correspondence via U.S. Mail.

Student Checklist

Application Type:

Renewal (applied last semester)

Semester Applying for Funding: Spring 20____

Documentation Needed:

1. Spring Renewal Application
2. Official College Transcript
Showing Fall Grades
3. Spring Schedule with college name, student name, semester and total hours
4. Spring *Needs Analysis* form

The Chickasaw Nation Department of Education Services and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties concur that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.

College Information

College Attending: _____ Field of Study: _____ Expected Graduation Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

Contractual Agreement – I declare that I will use any funds I receive from the Chickasaw Nation Higher Education Program solely for expenses connected with attending _____. I also certify that the above information is true and correct to the best of my knowledge. I grant consent to release this information to the necessary agencies in order to complete my financial aid package. **Disclaimer:** Any dispute over student eligibility shall be decided by the Chickasaw Nation Education Services Department. The decision of the Chickasaw Nation Education Services Department shall be final.

Student Contract – I declare that I have read and do understand the Chickasaw Nation *Higher Education Student Handbook* concerning the Chickasaw Nation Higher Education Programs as they are related to funding students who are attending college. I also understand that these policies are not all encompassing and may be changed as needed to assist Chickasaw students in a better way.

Student's signature

Date



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NEEDS ANALYSIS

TO BE COMPLETED BY THE STUDENT

Each student is responsible for completing portion (I) and mailing the Needs Analysis to his/her selected college/university financial aid office for completion of portion (II). Please be aware that this form cannot be completed by the college/university financial aid office until you receive a response from the federal financial aid program. Please type or print clearly in ink.

(I). Student Name: _____ Maiden: _____
Last First MI
 Address: _____ Social Security No.: _____
 City, State, Zip: _____
 Semester Applying for Funding: Fall 20____ Spring 20____ Summer 20____

(II). NEEDS ANALYSIS - TO BE COMPLETED BY FINANCIAL AID OFFICE

The Chickasaw Nation is seeking to establish the eligibility of the above named student for an education grant, if financial need can be established according to the U.S. Office of Education guidelines and Chickasaw Nation funds are available.

| EXPENSES | | RESOURCES | | FEDERAL AWARDS | |
|-----------------------|-----------------|------------------------|-----------------|---------------------|-----------------|
| Tuition and Fees | \$ _____ | Student Contribution | \$ _____ | Pell | \$ _____ |
| Room & Board | \$ _____ | Spouse Contribution | \$ _____ | SEOG | \$ _____ |
| Books/Supplies | \$ _____ | Parent Contribution | \$ _____ | NDSL | \$ _____ |
| Transportation | \$ _____ | VA Benefits | \$ _____ | Work Study | \$ _____ |
| Other/Personal | \$ _____ | Social Security | \$ _____ | Other | \$ _____ |
| | | Voc. Rehab. | \$ _____ | | |
| | | Scholarships/Waivers | \$ _____ | | |
| Total Expenses | \$ _____ | Total Resources | \$ _____ | Total Awards | \$ _____ |

Total Expenses minus Total Resources equals Total Financial Need. \$ _____
Total Financial Need minus Total Awards equals Unmet Need. \$ _____

Signature: _____ Date _____
Financial Aid Officer

College/University: _____
 Address: _____
 College Type: Private Community Regional or Research College/University

FOR HIGHER EDUCATION OFFICE USE ONLY:

| Fall Semester | Spring Semester | Summer Semester |
|---|---|---|
| Life-Time Scholarship: | Life-Time Scholarship: | Life-Time Scholarship: |
| Classification: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate | Classification: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate | Classification: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctorate |
| Unmet Need = _____ | Unmet Need = _____ | Unmet Need = _____ |
| Award Amount = _____ | Award Amount = _____ | Award Amount = _____ |
| Acct. Number = _____ | Acct. Number = _____ | Acct. Number = _____ |