



Grants and Scholarships Application

DEADLINE is Feb. 1st for spring semester / June 15th for summer semester / Sept 1st - for fall semester*. **Note:** High school seniors spring semester deadline is **Feb. 1st** for the following documentation: Completed *Grants and Scholarship Application* and a current official high school transcript (seven semesters). All other documents are due **Sept. 1st**.

Personal Information

High School (for high school seniors only)

Student Checklist

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

 City: _____
 State: _____ Zip Code: _____
 Phone: _____

Name of High School: _____
 Address: _____

 City: _____
 State: _____ Zip Code: _____
 Phone: _____
 Graduation Date: _____
 Class Rank: _____ GPA: _____
 (4.0 scale)
 Counselor: _____
 (signature required)

Application Type:
 New (did not apply last semester) Concurrent
 Renewal (applied last semester) ACT/SAT (High school only)
 High School Senior
Semester Applying for Funding:
 (Please check only one)
 Spring 20____ Summer 20____ Fall 20____
 December Intercession May Intercession

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.

Counselor's E-Mail Address: _____

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.

Student Checklist:
Documentation Submitted:
 Grants and Scholarships Application
 Current class schedule
 Student Authorization for Disclosure of Information in Education Records (beginning freshmen or new applicants or renewals if not on file) – Page 5
 Official college transcript (if you have college credit hours)
 A current official high school seven-semester transcript (high school seniors and applicants with no college credit hours)

College Information

College Attending: _____ Field of Study: _____ Expected Graduation Date: _____
 Address: _____ Classification: Freshman Sophomore Junior Senior
 City: _____ State: _____ Zip Code: _____ Graduate Doctorate Concurrent

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



**the
Chickasaw Nation
Division of Education**

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

**Bill Anoatubby
Governor**

Grants and Scholarships Application

Chickasaw citizens who wish to be considered for academic grants and scholarships from the Chickasaw Nation should complete an application. All documentation listed below must be received in the education services office before or on established deadlines. Documents should be delivered via U.S. Mail or in person. No FAXED documentation will be accepted.

- Grants and Scholarships Application.*
- Current class schedule.
- A "Student Authorization for Disclosure of Information in Education Records" is attached and must be completed and submitted to the higher education office of the Chickasaw Nation.
- Official college transcript (**if you have college credit hours**).

For high school seniors only:

- A current official high school transcript showing your grade point average (GPA) (**high school seniors and applicants with no college credit hours – GPA must be calculated on a 4.0 scale**).



Student Authorization for Disclosure of Information in Education Records

RETURN COMPLETED FORM TO:
The Chickasaw Nation
Department of Education Services
Higher Education Program
300 Rosedale Road
Ada, OK 74820

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended.

Instructions:

To authorize the Chickasaw Nation Higher Education Program to obtain your educational information and to authorize the Chickasaw Nation Department of Education Services to release your educational information to individuals or the college/university you are attending, please.

- 1) Fill out all appropriate fields on this form; and
- 2) Hand-deliver or mail the form to the address above.

Note: Forms will not be accepted without a signature.

First Name:	
Middle Name:	
Last Name:	
DOB:	

Please enter the name of the organization(s) or individuals to whom the authorization is given or revoked. You may enter more than one name. Enter only ONE name per space.

Organization authorized			
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked

Individual authorized	DOB	SSN	
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked

Authorization:

I hereby authorize the Chickasaw Nation Higher Education Program to disclose my educational record(s) to the above-mentioned college/university or individuals:

 Student's signature

 Date

 Parent's signature (if applicable)

 Date

Authorization:

I hereby authorize the _____, to disclose my educational record(s) to the above-mentioned Chickasaw Nation Higher Education Program:

Name of educational institution

 Student's signature

 Date

 Parent's signature (if applicable)

 Date

To enhance security measures, students now have the option to generate a PIN number for their student file. Anyone seeking information regarding your student file will be required to verify the PIN number before information will be released. This can be done by going to www.chickasaweducationservices.com and clicking on "Fill form out online." By initialing the line below you are refusing this service and allowing organizations/individuals to retrieve information regarding your file based solely on this form.

 Student's initials