

SHAWNEE TRIBE EDUCATION ASSISTANCE APPLICATION

FALL 2018

FILL OUT COMPLETELY & MAIL TO:
EDUCATION ASSISTANCE COMMITTEE
PO Box 189
MIAMI, OK 74355

OR BRING TO MIAMI TRIBAL OFFICE 9:00AM-3:00 PM, M-F:
SHAWNEE TRIBAL OFFICE
29 SOUTH HIGHWAY 69A
MIAMI, OK 74354

NAME _____

SHAWNEE TRIBE ROLL NUMBER _____

STUDENT ID # _____

ADDRESS _____

PHONES _____

(PLEASE NOTE IF HOME OR WORK)

BEST TIME TO CALL _____

E-MAIL _____

NAME OF SCHOOL _____

(ATTACH COPY OF BILL FROM SCHOOL THAT SHOWS *AMOUNT DUE*, SCHOOL ADDRESS, AND PHONE)

THIS SCHOOL IS A _____ **VO-TECH SCHOOL,** _____ **2-YR / JR. COLLEGE,** _____ **4-YR COLLEGE,**

_____ **OTHER (DESCRIBE)**

ADDRESS _____

PHONE FOR BILLING OFFICE AT SCHOOL _____

I AM ATTENDING _____ **FULL-TIME** _____ **PART-TIME**

(ATTACH SCHOOL-ISSUED SCHEDULE)

GRADE POINT AVERAGE _____

(ATTACH PROOF – EITHER HIGH SCHOOL TRANSCRIPTS, GED SCORE, OR PREVIOUS SEMESTER GRADES)

EVERYTHING ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE. THE SHAWNEE TRIBE HAS MY PERMISSION TO CHECK INFORMATION WITH THE SCHOOL I HAVE LISTED.

SIGNATURE _____

DATE _____

Received by Shawnee Tribe on:

PLEASE PRINT

COMPLETED APPLICATION MUST BE RECEIVED BY AUGUST 31, 2018 IN THE TRIBAL OFFICE.