

SHAWNEE TRIBE EDUCATION ASSISTANCE APPLICATION

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

OR BRING TO TRIBAL OFFICE 9:00AM-4:00 PM, M-F:
SHAWNEE TRIBAL OFFICE
29 SOUTH HIGHWAY 69A
MIAMI, OK 74354

Please check which semester you are applying for:

_____ Spring Semester application due date December 31st

_____ Summer Semester application due date April 31st

_____ Fall Semester application due date July 31st

Name: _____

Address: _____

Phone: _____

Email: _____

Shawnee Tribe Roll Number: _____

Student ID#: _____

Shawnee Tribe Roll Number: _____

Name of school: _____

(Attach copy of bill from school showing: amount due, school address & phone)

Address: _____

Phone # of School Billing Office: _____

This School is: _____ Vo-Tech, _____ 2yr/Jr. College, _____ 4yr College

I am attending: _____ Full time _____ Part time

(Attach school issued schedule)

Received by Shawnee Tribe on:

Approved: _____ Denied: _____

Initial: _____

PLEASE PRINT

Grade Point Average: _____

(Attach Proof. High School Transcripts, GED score, or previous semester grades)

I attest the information provided in this form is accurate and true to the best of my knowledge and the Shawnee Tribe has my permission to check information with the school I have listed:

Signature: _____ Date: _____

Completed application **MUST** be received by corresponding semester deadline you are applying for.