

PLEASE READ THIS PAGE CAREFULLY

If further explanation is needed, please contact the Kiowa Tribe Higher Education Department phone# (580)654-6324 or at email: highered@kiowatribe.org

Kiowa Higher Education Grant Program (KHEGP) SUMMER Application Packet

This application is used to apply for supplemental financial assistance to attend a college/university.

To be considered for a grant, applicants must submit the application and as many of the documents listed below to the KHEGP office by the due date.

Understand that some documents may not be available from your school immediately.

ORIGINAL APPLICATION, SIGNED IN INK, MUST BE SUBMITTED.
FAXES OR COPIES USED AS PENDING ORIGINAL DOCUMENTATION ONLY

SUMMER APPLICATION DUE DATE: APRIL 1

Summer term is always a separate application.

- 1. Summer Application:** All students must complete a new summer application. Students transferring to a different university/college MUST have a new and complete application for the school to which the student transferred for continued funding.
- 2. Verification of Enrollment (VOE):** This form is completed by the Registrar's office with a seal for term funded or an official transcript with pre-enrolled/in-progress classes listed for the term funded.
- 3. Financial Needs Analysis (FNA) form:** PART I is completed by the student and turned in to the university/college Financial Aid Office whose staff will complete PART II and return the original form to the KHEGP Office by mail. If FNA is unavailable, other financial documents may be substituted. Please make sure the Financial Aid Officer indicates dates for funding period and number of hours enrolled.
- 4. Official Transcript:** from any university/college that applicant may have previously attended showing most recent grades.
- 5. Additional Documents:** NEW STUDENTS will be required to submit additional documents to be considered eligible for summer funding. Please contact the KHEGP Office by phone or email.

Summer funding is dependent upon the availability of funds and first priority is given to seniors scheduled to graduate. All students must be considered full-time (at least 6 credit hours).

Only completed applications with all REQUIRED documentation, WILL BE CONSIDERED FOR FUNDING.
It is your responsibility to make sure ALL documentation for your application is complete. Failure on the part of the applicant to provide the required information will preclude the applicant from eligibility in obtaining higher education assistance under this program. Should you have any questions, please contact the KHEGP OFFICE @ (580)654-6324 or by email at highered@kiowatribe.org.



Kiowa Tribe

HIGHER EDUCATION GRANT PROGRAM

806 Wynan Court • Anadarko, Oklahoma • 73005

Phone (580)654-6324 • Fax (405) 648-7078

highered@kiowatribe.org

PRIVACY STATEMENT

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) (20 U.S.C. 1232G; 34 CFR PART 99) IS THE FEDERAL LAW THAT PROTECTS THE PRIVACY OF STUDENT EDUCATION RECORDS. THE LAW APPLIES TO RECIPIENTS WHO RECEIVE FEDERAL FUNDING FOR EDUCATION PURPOSES. THESE RIGHTS TRANSFER TO THE STUDENT WHEN HE/SHE REACHES THE AGE OF 18 OR ATTENDS A SCHOOL BEYOND THE HIGH SCHOOL LEVEL

WITH THIS STATED AND IN ACCORDANCE WITH THE FERPA, THE KIOWA HIGHER EDUCATION GRANT PROGRAM WILL DISCUSS STUDENT INFORMATION WITH THE STUDENT APPLYING FOR ASSISTANCE ONLY



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HIGHER EDUCATION GRANT PROGRAM
806 Wynan Court - Anadarko, Oklahoma - 73005
Phone (580) 654-6324 • Fax (405) 648-7078
EMAIL: highered@kiowatribe.org
SUMMER APPLICATION

PERSONAL INFORMATION:

RETURNING FROM SPRING: YES NO

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

SSN#: ____/____/____ DOB: ____/____/____ E-Mail: _____

Phone: _____ Cell: _____ Alternate: _____

College/University Information:

Name of College/University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Financial Aid Office Phone No#: _____

Expected Graduation Date: _____ Last year and/or semester KHEGP Funded: _____

Major: _____ Minor: _____

Fresh: ____ Soph: ____ Jr.: ____ Sr.: ____ Grad Student: ____

Degree Sought: AA/AS ____ BS/BA ____ MA/MS ____ PhD ____ Other ____

STUDENT AGREEMENT:

My signature below indicates that I have agreed to the following conditions for KHEGP funding:

1. The KHEGP and the applicant agree to strictly maintain the confidentiality of all information contained in this application and concur that information contained herein shall be considered "Confidential Information" and shall not be disclosed to a third party, unless duly authorized by written and dated consent of the applicant, or as otherwise required by law.
2. I declare that I will use all funds from the Kiowa Higher Education Grant Program solely for the expenses connected to attending the College/University listed above.
3. I certify the information on this form is true and correct to the best of my knowledge and consent to the release of this information as well as the release of information from my institution to the KHEGP or necessary agencies to complete my financial aid package.
4. I am cognizant that any KHEGP funds awarded me will be mailed to the institution's Financial Aid Office.
5. I will arrange for the Registrar to forward an official copy of my transcript for the term funded to the KHEGP Office upon completion of the academic term and a Verification of Enrollment for the next term.

Student's Signature

Date



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VERIFICATION OF ENROLLMENT FORM

APPLICANT: _____

(PLEASE PRINT)

LAST NAME

FIRST NAME

ID NO.

PLEASE READ CAREFULLY:

1. THIS FORM MUST BE FILLED OUT BY THE COLLEGE/UNIVERSITY REGISTRAR OR ADVISEMENT OFFICER; THE ORIGINAL FORM MUST BE ON FILE BEFORE YOUR GRANT CAN BE PROCESSED.
2. FAILURE TO HAVE THIS FORM IN YOUR FILE WILL DELAY ANY FUNDING YOU MAY OTHERWISE BE ELIGIBLE FOR. BE DILIGENT AND ENSURE YOU/YOUR SCHOOL RETURNS THIS FORM TO THE KHEGP OFFICE PROMPTLY.
3. THE ABSENCE OF THIS FORM IN YOUR FILE MAY RESULT IN YOU BEING DECLARED INELIGIBLE FOR A GRANT.
4. COURSES "IN PROGRESS" ON AN OFFICIAL TRANSCRIPT MAY BE USED IN PLACE OF THIS FORM.

AUTHORIZATION FOR RELEASE OF INFORMATION: MY SIGNATURE INDICATES I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE KIOWA HIGHER EDUCATION GRANT PROGRAM.

APPLICANT SIGNATURE: _____

DATE: _____

DEAR COLLEGE/UNIVERSITY OFFICIAL: PLEASE VERIFY WHETHER THE ABOVE NAMED STUDENT IS ENROLLED FOR THE UPCOMING SEMESTER/TERM

I VERIFY THE ABOVE NAMED STUDENT, _____ ID No#: _____

IS REGISTERED FOR THE UPCOMING _____ **SUMMER TERM** AT THIS INSTITUTION, THE NAME OF WHICH

IS: _____ AND ADDRESS BEING, _____

AND IS ENROLLED AS A STUDENT IN _____ (HOURS ENROLLED).

(SIGNATURE OF REGISTRAR/ADMISSIONS/COUNSELOR)

(DATE)

**PLEASE AFFIX SCHOOL/UNIVERSITY SEAL AND MAIL TO THE ADDRESS ABOVE.
ORIGINAL FORM MUST BE SUBMITTED BY MAIL.**

