

PLEASE READ THIS PAGE CAREFULLY

This Cover Page is one of the most **IMPORTANT** pages of this APPLICATION. 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) Application Packet

This application is used to apply for supplemental financial assistance to attend a college/university. To be considered for a scholarship, 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.

REQUIRED DOCUMENTS: ORIGINAL APPLICATION, SIGNED IN INK, MUST BE SUBMITTED.

FAXES OR COPIES USED AS PENDING ORIGINAL DOCUMENTATION ONLY

1. Application: DUE DATES: FALL-JULY 1 SPRING-NOVEMBER 1 SUMMER-APRIL 1

All students must mark the academic year and term(s) for which you are requesting funding. Funding will be considered only for the term(s) marked. Students transferring to a different university/college MUST have a new application for the school to which the student transferred for continued funding.

(NOTE: The summer term is always a separate application).

2. Signed Information Sheet: Important information about the KHEGP, such as eligibility requirements, procedures and how students retain eligibility are included on this sheet. Please sign, date and **RETURN WITH APPLICATION.** Keep the student copy for ready reference.

3. Verification of Enrollment (VOE): This form is completed by the Registrar's office with a seal for term funded or an official class schedule signed by an academic advisor or an official transcript with pre-enrolled/in progress classes listed for the term funded.

4. 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. Grants will be awarded by the information on the FNA form. Please make sure the Financial Aid Officer indicates dates for funding period and number of hours enrolled.

5. Letter of Intent: A paragraph written by you, signed and dated, typed or handwritten, stating what your plan of study is, why you need funding and what it will be used for. You can email this to: highered@kiowatribe.org. If you submit an application **after** the deadline, a **Letter of Explanation** must also be submitted explaining why the application is late.

6. Official High School Transcript with a copy of your High School Diploma if you are an incoming new freshman and have not previously attended college.

7. Official Transcript from any university/college that applicant may have previously attended.

8. CDIB: Certificate of Degree of Indian Blood, which may be obtained through the Kiowa Tribal Enrollment Office.

9. SSN: a copy of Social Security Card.

10. FERPA Waiver: Family Educational Rights and Privacy Act, The federal law which protects the privacy of the student education records completed by student indicating to whom educational records may be divulged.

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

P.O. Box 369 • Carnegie, Oklahoma • 73015

Phone (580)654-6324 • Fax (580) 654-7109

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



Kiowa Tribe

HIGHER EDUCATION DEPARTMENT

806 Wynan Court · Anadarko, Oklahoma · 73005

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

FERPA Consent to Release Student Information

TO: KIOWA TRIBE HIGHER EDUCATION GRANT PROGRAM (KHEGP)

Please provide information from the educational records of:

(Name of student requesting the release of educational records)

To: _____
(Name(s) of person to whom the educational records will be released and the relationship to the student, such as “parents” or “prospective employer” or “attorney”)

The only type of information that is to be released under this consent is:

- application status
 transcript(s)
 financial need information
 college enrollment verification
 all records
 other (specify): _____

The information is to be released for the following purpose:

- family communications about application status
 employment
 admission to an educational institution
 other (specify): _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this consent upon providing written notice to the KHEGP

I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to _____
(Name of Person listed above to whom the educational records will be released)
for the specific purpose described above.

Printed Name: _____

Signature: _____ Date: _____

Signature of Higher Education Staff: _____



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

Term(s) Applying: Fall 20_____ Spring 20_____ Trimester_____ Quarter_____

PERSONAL INFORMATION: APPLICATION NEW:___ RETURNING:___

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



Kiowa Tribe

HIGHER EDUCATION DEPARTMENT

806 Wynan Court · Anadarko, Oklahoma · 73005
Phone (580)654-6324 • Fax (405) 648-7078
highered@kiowatribe.org

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 FINANCIAL AID OFFICER AND MUST BE ON FILE IN THIS OFFICE BEFORE YOUR GRANT CAN BE PROCESSED.
2. YOU SHOULD ENSURE THIS FORM IS IN THIS OFFICE NO LATER THAN TWO WEEKS AFTER THE CLOSE OF THE SEMESTER OF YOUR LAST FUNDING.
3. FAILURE TO HAVE THIS FORM IN YOUR FILE WILL DELAY ANY FUNDING YOU MAY OTHERWISE BE ELIGIBLE FOR. BE DILIGENT WITH YOUR SCHOOL AND ENSURE THE SCHOOL RETURNS THIS FORM TO THE KHEGP OFFICE.
4. THE ABSENCE OF THIS FORM IN YOUR FILE WILL RESULT IN YOU BEING DECLARED INELIGIBLE FOR A GRANT.

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 _____ TERM/SEMESTER 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.**



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806 Wynan Court · Anadarko, Oklahoma · 73005
Phone: 580-654-6324 · Fax: 405-648-7078
highered@kiowatribe.org

(RETURN WITH APPLICATION)

Dear Applicant:

Please read, sign, and date this sheet and return it with your application. If you do not understand, ask for clarification. **DO NOT LOSE FUNDING.** Good luck in your academic and career plans and know that the KHEGP Office is here to assist you along your academic journey.

- At the end of each term, students must either personally submit or make arrangements with their college to have their official transcript sent to the KHEGP Office. Failure to comply with this requirement will either cause a delay in funding, or may cause the applicant to not be funded. The document will be used to evaluate the student's academic progress and as an advisement tool for the KHEGP staff.
- Full-time students must earn twelve (12) hours as an undergraduate or 9 hours as a graduate student and earn a 2.0 or higher grade point average (GPA) while being assisted by the KHEGP to remain eligible, or be considered as a student in "good standing".
- Students are eligible for assistance for up to six (6) semesters to earn their Associates degree and up to ten (10) semesters to earn a Bachelor's degree. Students are eligible for assistance for up to six (6) semesters to earn their Master's degree and up to sixteen (16) semesters to earn a Doctoral or Professional degree, provided funds are available.
- A full-time student in good standing who fails to earn twelve (12) hours and a 2.0 or higher Grade Point Average will be placed on probation by KHEGP, which means they may receive financial assistance based only on unmet financial need indicated on the FNA/other financial documents, but must meet minimum requirements of earning 12 credit hours and a 2.0 GPA or higher the next term funded.
- A student on probation who earns less than 12 hours or a 2.0 GPA will be placed on suspension, which means they will not receive financial assistance from KHEGP. A suspended student may become eligible again provided he/she earns at their own expense a 2.0 GPA or higher and 12 hours in their field of study while suspended. Students returning to eligibility after suspension will return as a probationary student for one semester/term.
- The KHEGP and the applicant agree that the information contained herein shall be considered "confidential information". As such, with the applicant being of legal age or at least eighteen years of age, no party other than KHEGP and the applicant shall have access or disclose any information contained in the applicant's file to a third party, unless consent is contained in the applicant's file that is signed and dated by the applicant, specifically designating who the third party shall be who can access or discuss contents of the applicant's file folder (FERPA).
- A student who cannot complete a degree in the semesters allowed may appeal to the KHEGP for an extension, provided the time and hours needed to graduate can be completed in one semester/term; in no case shall the extension exceed one semester/term beyond the program plan. The KHEGP will make a determination as to whether the extension will be granted and notification will be sent.

Applicant's Signature

Date



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**-STUDENT COPY-
RETAIN FOR YOUR INFORMATION**

Kiowa Tribe
 Higher Education Grant Program, 806 Wynan Court, Anadarko, OK, 73005
 Phone: (580) 654-6324 / Fax: (405) 648-7078 / Email: highered@kiowatribe.org
FINANCIAL NEEDS ANALYSIS FORM

Part 1-Must Be Completed by Student

Print Name: _____ SSN: _____
 Address: _____ City: _____ State: _____
 Zip Code: _____ Telephone (Home) _____ (Cell) _____
 Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ No# of Dependents _____
 Student Classification: Fr _____ Soph _____ Jr _____ Sr _____ Grad _____ Other _____ Major: _____ Minor: _____

After completing Part 1, please send or hand-carry this Financial Needs Analysis form to your Financial Aid Office.
 By signing this portion of the document, you are authorizing your college/university to release your financial and academic information to the Kiowa Higher Education Grant Program. The KHEGP needs the information in Part 2 before your application can be processed for funding. Please advise your Financial Aid Officer that after they have completed Part 2, they will need to forward the original document to the mailing address listed above.

 Student Signature Date

NOTE :Students are required to apply for the other financial aid sources offered through the Institution's Financial Aid Office.

Part 2- Must Be Completed by Your Institution's Financial Aid Officer

Dear Financial Aid Officer:
 This student has applied for financial assistance to the Kiowa Higher Education Grant Program. Verification of financial need information is required from your office before any action can be taken on this application. The Student has authorized release of his/her data. Please complete this form and forward the original document to the KHEGP at the mailing address listed above.
 Student has not yet applied for financial aid. Student's need cannot be determined.
 Student's application is incomplete and cannot be considered.
 Funds exhausted at institution.

Student Status: Independent _____ Dependent _____ **Institution Uses:** Semester _____ Trimester _____ Quarter _____ system(s).

BUDGET PERIOD: From: _____ To: _____ **Start Date:** _____ **Hrs Enrolled** _____

Student Expenses	Student Resources	Institutional Awards
Tuition: \$ _____	Parent Contribution: \$ _____	SEOG: \$ _____
Fees: \$ _____	Student/Spouse Contribution: \$ _____	Stafford Loan: \$ _____
Books: \$ _____	TANF/Welfare: \$ _____	Perkins Loan: \$ _____
Travel: \$ _____	VA Benefits: \$ _____	Pell Grant: \$ _____
Miscellaneous: \$ _____	Social Security: \$ _____	C.W.S.: \$ _____
Total Expenses: \$ _____	State Grants: \$ _____	Voc. Rehab: \$ _____
	Other: \$ _____	Scholarship: \$ _____
		Other: \$ _____

TOTAL RESOURCES: \$ _____ **TOTAL AWARDS:** \$ _____

Student's Unmet Need (Total Resources + Total Awards) – (Total Expenses):\$ _____

Printed Name: _____
Financial Aid Officer
Phone Number
Date

Signature: _____
Financial Aid Officer Signature

COLLEGE/UNIVERSITY SEAL

Name/Address of College or University