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 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 1st
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.
PRIVACY STATEMENT


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.
## SUMMER APPLICATION

### PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Returning from Spring:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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: ___________________________
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.
**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___________

<table>
<thead>
<tr>
<th>Student Expenses</th>
<th>Student Resources</th>
<th>Institutional Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition: $________</td>
<td>Parent Contribution: $________</td>
<td>SEOG: $________</td>
</tr>
<tr>
<td>Fees: $________</td>
<td>Student/Spouse</td>
<td>Stafford Loan: $________</td>
</tr>
<tr>
<td>Books: $________</td>
<td>Contribution: $________</td>
<td>Perkins Loan: $________</td>
</tr>
<tr>
<td>Travel: $________</td>
<td>TANF/Welfare: $________</td>
<td>Pell Grant: $________</td>
</tr>
<tr>
<td>Miscellaneous: $________</td>
<td>VA Benefits: $________</td>
<td>C.W.S.: $________</td>
</tr>
<tr>
<td>Social Security: $________</td>
<td></td>
<td>Voc. Rehab: $________</td>
</tr>
<tr>
<td>Total Expenses: $________</td>
<td>State Grants: $________</td>
<td>Scholarship: $________</td>
</tr>
<tr>
<td>Other: $________</td>
<td>Other: $________</td>
<td>Other: $________</td>
</tr>
</tbody>
</table>

TOTAL RESOURCES: $________ TOTAL AWARDS: $________

Student’s Unmet Need (Total Resources + Total Awards) – (Total Expenses): $________

Printed Name:_____________________________________________________________    SSN:____________________________
Address:____________________________________________   City:______________________________  State:____________
Zip Code:______________________  Telephone  (Home)  __________________________ (Cell) _________________________

Signature: _______________________________  Financial Aid Officer      Phone Number _______________  Date _______________
Financial Aid Officer Signature

_________________________________________
COLLEGE/UNIVERSITY SEAL Name/Address of College or University