DEADLINES for Summer: **May 1**, Fall: **June 30** and Spring: **December 1**

*** NOTICE TO ALL APPLICANTS: ***

1. This application is for enrolled tribal members of the Iowa Tribe of Oklahoma ONLY.
2. Absolutely **NO LATE APPLICATIONS** will be accepted or reviewed.
3. No application will be considered complete until all documents have been received by the ITO Education department.
4. Please be sure all requested documents are submitted by the 90 day absolute deadline or funding will be denied.

**HIGHER EDUCATION**

**Eligibility Guidelines:**
- MUST be an enrolled member of the Iowa Tribe of Oklahoma
- Must be admitted to an accredited institution of higher learning in either a full-time or part-time capacity.
- Must be seeking to obtain a first bachelor’s degree in ten (10) semesters or an associate’s degree in six (6) semesters or graduate degree.
- Applicants completing an Associate’s degree and continuing on toward a Bachelor’s degree will be subject to the same 10 semesters limit.

**Receipt of Funds Options:**

1. Eligible Tribal member’s receiving funds from the Higher Education Fund will be able to select the amount of monies received by selecting an option for disbursement. This option is being offered in order for student personal budget planning.
2. Eligible Tribal members will select the option they choose in the Spring semester for awards for Spring, Summer and Fall. This is designed in order to fall within the Iowa Business Committees budget schedule.
3. The chosen option for the entire academic year cannot be changed once Spring semester money has been dispersed. (EX: $2500 for Spring then changing to $3,000 for Fall will NOT be allowed. $2500 will have to be given in Fall with $1000 available at Summer as designated.)
4. The following options are available for student receipt of funds:
   - Option A: Fall/Spring $2000.00 per semester and Summer $2000.00
   - Option B: Fall/Spring $2500.00 per semester and Summer $1000.00
   - Option C: Fall/Spring $3000.00 per semester
VO-TECH/TRADE SCHOOL

Eligibility Guidelines:

- MUST be an enrolled member of the Iowa Tribe of Oklahoma
- Must be admitted to a certified technical, vocational, or trade school or program
- Must be seeking first diploma, certification, licensure within their particular career, technical, vocation, or trade area of expertise.
CHECKLIST FOR FIRST-TIME APPLICATION SUBMISSION:

_____ Completed Application
_____ ITO Tribal membership card
_____ Valid state-issued ID/Driver’s License
_____ Written narrative detailing applicants educational goals OR use for training/certification
_____ Letter of Acceptance from an eligible institution or technical program/institution
_____ High School transcript OR General Education Development (GED) certificate
_____ Student Aid Report from the Free Application for Federal Student Aid (FAFSA) for the current year
_____ Financial Need Analysis form completed and signed by institutions’ financial aid office
_____ Detailed course schedule
_____ Statement of tuition and fees from institution

CHECKLIST FOR CONTINUING, RETURNING, OR TRANSFER STUDENTS:

_____ Completed application for current academic semester/trimester
_____ Updated official academic transcript OR progress report including previous term grades
_____ Student Aid Report from the Free Application for Federal Student Aid (FAFSA) for the current year
_____ Financial Needs Analysis form to be updated, completed and signed by the financial aid office
_____ Class schedule for the upcoming term
_____ Official Letter of Acceptance (if different than previous educational institution)
ITO Higher Education Application

Please submit completed applications to:
ITO Education/JPT Department
335588 E. 750 Road
Perkins, OK 74059

FALL DEADLINE: June 30th  
SPRING DEADLINE: December 1st  
SUMMER: May 1st.

Please complete application in blue/black ink. All information requested is necessary to determine eligibility. Applications must be turned in by the deadline date. No late applications will be accepted.

(Please circle which program applying for)

<table>
<thead>
<tr>
<th>Career/Vo-tech/Trade</th>
<th>Higher Education</th>
</tr>
</thead>
</table>

NAME: (Please Print) / / / / 

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Birth Date</th>
<th>Social Security #</th>
</tr>
</thead>
</table>

Address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone #: Message #: E-mail Address:

Graduation/GED Year: Single Married

GED or HS Diploma (Circle One) Marital Status (Circle One) # Dependents

APPLICATION REQUEST: FALL 20 SPRING 20 SUMMER 20

OPTION FOR FUNDING DISBURSEMENT:

<table>
<thead>
<tr>
<th>Option A</th>
<th>Option B</th>
<th>Option C</th>
</tr>
</thead>
</table>

Accredited College/Technical School Name & Address City State Zip

College Major/Area of Study Degree Anticipated Graduation Date

Year in College: (Circle One) Freshman Sophomore Junior Senior

I Will Live: (Circle One) On Campus Off Campus With Parents

Do you have any physical limitations that would interfere with your education? YES or NO

If Yes, please explain:

STATEMENT OF EDUCATION PURPOSE: I affirm that I will use any funds received from the Iowa Tribe’s Higher Education Grant Program solely for the expenses connected with attendance at the Education Institution mentioned above. I acknowledge that any information submitted is confidential, and that all information I have submitted is true and correct to the best of my knowledge. I consent to the release of information to necessary agencies in order to complete my financial aid packet.

***I agree to provide a copy of my GRADES, FINAL TRANSCRIPT, and/or GRADUATION NOTICE to the Iowa Tribe’s Education office at the end of each academic term for grant compliance. I further assure that I will notify the Education Office before withdrawing from classes or school.

SIGNATURE: ___________________________ DATE: ________________
# Higher Education Application

**Iowa Tribe of Oklahoma Education Fund**

335588 E. 750 Rd. Perkins, Oklahoma 74059  *Phone* (405) 547-2402, Ext. 209  *Fax* (405) 547-1093

---

***NOTE: A FAX is acceptable for deadlines; however the Original MUST be mailed to this office.***

---

### Part 1 – To be completed by Student

<table>
<thead>
<tr>
<th>SCHOOL/STUDENT EXPENSES</th>
<th>AMOUNT</th>
<th>STUDENT RESOURCES</th>
<th>AMOUNT</th>
<th>AWARDS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUITION</td>
<td></td>
<td>Student/Spouse CONTRIBUTION</td>
<td></td>
<td>PELL GRANT</td>
<td></td>
</tr>
<tr>
<td>FEES</td>
<td></td>
<td>Parent CONTRIBUTION</td>
<td></td>
<td>FEDERAL SEOG</td>
<td></td>
</tr>
<tr>
<td>BOOKS</td>
<td></td>
<td>VETERAN’S BENEFITS</td>
<td></td>
<td>FEDERAL WORK STUDY</td>
<td></td>
</tr>
<tr>
<td>SUPPLIES</td>
<td></td>
<td>SOCIAL SECURITY</td>
<td></td>
<td>FEDERAL PERKINS</td>
<td></td>
</tr>
<tr>
<td>ROOM &amp; BOARD</td>
<td></td>
<td>VOCATIONAL REHABILITATION</td>
<td></td>
<td>FEDERAL STAFFORD</td>
<td></td>
</tr>
<tr>
<td>DEPENDENCY</td>
<td></td>
<td>FELLOWSHIPS</td>
<td></td>
<td>FEDERAL SLS</td>
<td></td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td></td>
<td>IHS GRANTS</td>
<td></td>
<td>COLLEGE/UNIVERSITY SCHOLARSHIP</td>
<td></td>
</tr>
<tr>
<td>PERSONAL EXPENSES</td>
<td></td>
<td>STATE INDIAN SCHOLARSHIPS</td>
<td></td>
<td>FEDERAL PLUS LOAN</td>
<td></td>
</tr>
<tr>
<td>LOAN FEES</td>
<td></td>
<td>OTHER (LIST)</td>
<td></td>
<td>STATE TUITION GRANT</td>
<td></td>
</tr>
<tr>
<td>OTHER (LIST)</td>
<td></td>
<td></td>
<td></td>
<td>COLLEGE/UNIVERSITY SCHOLARSHIP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>INCENTIVE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TUITION WAIVER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OTHER (LIST)</td>
<td></td>
</tr>
<tr>
<td>TOTAL SCHOOL/Student Expenses</td>
<td>$</td>
<td>TOTAL RESOURCES</td>
<td>$</td>
<td>TOTAL AWARDS</td>
<td>$</td>
</tr>
</tbody>
</table>

---

**FINANCIAL AID OFFICER:**

**COLLEGE/SCHOOL ADDRESS:**

---

Print Name: ____________________________

Signature: ____________________________

Date: ________________ Phone: ________________

Fax: ____________________________