



Cheyenne Arapaho Education Department

Education Gaming Application

Academic Year 20____ - 20____ Date of Application _____

**Which of the following categories are you applying for funds?
(Please read and check one of the following)**

- ____ 1. Direct College Expenses - This includes those students who are not eligible under the BIA HE Contract guidelines with demonstrated need, full time student expenses such as tuition, fees and books and any emergency supplemental needs.
- ____ 2. Part Time Student Expenses - Tuition, fees and books for part time students at college and/or vocational schools which includes but not limited to non-service areas students.
- ____ 3. College GPA Incentive Awards - based on semester GPA for full time students
- ____ 4. High School Senior Expenses - \$100 per student for HS Senior related expenses.
- ____ 5. Graduation from GED, HS and College Incentives -
- ____ 6. College Prep Expenses - ACT and SAT Fees, Workshop Participation, College Campus Tours, Cheyenne Arapaho Scholars Program (student who participate in the OHLAP program (Oklahoma Higher Learning Access Program), College Concurrent Enrollment and College Admission fees.
- ____ 7. Correspondence Courses/Certification Fees - Summer School fees for HS students who need to graduate on schedule.
- ____ 8. Enrichment Programs - Assistance for Students who have been selected to participate in an academic program or camp.
- ____ 9. Haskell and SIPI Expenses – Fees – No travel allowed, but students may contact Crisis Program for travel assistance.
- ____ 10. Special Circumstances and Special Requests for Assistance

PART 1 – TO BE COMPLETED BY STUDENT or PARENT/GUARDIAN OF STUDENT

STUDENT'S NAME _____ SS# _____

DATE OF BIRTH _____ AGE _____ GRADE _____ MALE () FEMALE ()

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAILADDRESS _____

MARITAL STATUS: () SINGLE () MARRIED () DIVORCED DEPENDENTS _____

TRIBAL ROLL# _____ **PLEASE ATTACH A COPY OF YOUR CDIB.**

PARENTS/GUARDIANS NAMES AND ADDRESS: _____

STATEMENT OF PRIVACY

The Cheyenne – Arapaho Tribes of Oklahoma has a contract with the Bureau of Indian Affairs Higher Education Assistance Program which operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, Part E. Administration of Educational Loans, Grants, and Other Assistance for Higher Education. In accordance with the accountability required for the Administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is needed of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program. **I have read the statement on privacy listed with this application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.**

Student Signature: _____ Parent Signature _____

**Return to: Cheyenne & Arapaho Tribes
Higher Education Program
P.O. Box 167
Concho, OK 73022**

**Telefax: (405)422-8211
Telephone: (405)422-7646
(405)422-7560
(405)422-7439**