

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:

highereducation@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 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 15th

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 highereducation@kiowatribe.org.



Kiowa Tribe

HIGHER EDUCATION GRANT PROGRAM

208 Hardee Street West · Anadarko, Oklahoma · 73005
Phone (580)654-6324 □ highereducation@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 GRANT PROGRAM

208 Hardee Street West · Anadarko, Oklahoma · 73005

PHONE: (580) 654-6324 □ EMAIL: highereducation@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:

Kiowa Tribe

HIGHER EDUCATION GRANT PROGRAM / 208 Hardee Street West, Anadarko, OK, 73005

Phone: (580) 654-6324 / Email: highereducation@kiowatribe.org

FINANCIAL NEEDS ANALYSIS FORM

SUMMER ONLY

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: \$ _____

Fees: \$ _____

Books: \$ _____

Travel: \$ _____

Miscellaneous: \$ _____

Total Expenses: \$ _____

Parent Contribution: \$ _____

Student/Spouse _____

Contribution: \$ _____

TANF/Welfare: \$ _____

VA Benefits: \$ _____

Social Security: \$ _____

State Grants: \$ _____

Other: \$ _____

SEOG: \$ _____

Stafford Loan: \$ _____

Perkins Loan: \$ _____

Pell Grant: \$ _____

C.W.S.: \$ _____

Voc. Rehab: \$ _____

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