

# PLEASE READ THIS PAGE CAREFULLY

## KIOWA EDUCATION AGENCY (KEA) HIGHER EDUCATION 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 as many of the documents listed below to the KEA office **by the due date**. **We understand that some documents may not be available from your school immediately.**

**ORIGINAL APPLICATION, SIGNED IN INK, MUST BE SUBMITTED.**

**COPIES MAY BE USED AS PENDING ORIGINAL DOCUMENTATION ONLY**

**Application Due Dates:** FALL – JULY 15<sup>TH</sup> SPRING – DECEMBER 15<sup>TH</sup> SUMMER – APRIL 15<sup>TH</sup>

- 1.) **Application:** 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. ALL STUDENTS ARE REQUIRED TO COMPLETE AN ENTIRE APPLICATION EACH YEAR, PREFERABLY EACH FALL – IT IS IMPORTANT YOU MARK EACH SEMESTER YOU PLAN TO ATTEND SO YOU WILL BE CONSIDERED FOR THAT SEMESTER'S FUNDING.**
- 2.) **Signed Information Sheet:** Important information about the KEA, 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.) **FERPA (Family Educational Rights and Privacy Act):** The federal law which protects the privacy of the student education records. **Must be completed by the student indicating whom educational records may be disclosed.** Without a signed FERPA waiver, KEA staff will not be able to discuss confidential information contained in the student's file with anyone other than the student.
- 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.** The student must return the original form to the KEA Office by mail or email. Grants will be awarded by the information provided on the FNA form. **Please make sure the Financial Aid Officer indicates dates for funding period and number of hours enrolled.** **\*\*NOTE: You must apply for FAFSA before the school can complete the FNA.**
- 5.) **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.
- 6.) **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: [highereducation@kiowatribe.org](mailto:highereducation@kiowatribe.org). If you submit an application **after** the deadline, a **Letter of Explanation** must also be submitted explaining why the application is late.
- 7.) **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.*
- 8.) **Official Transcript** from any university/college that applicant may have previously attended.
- 9.) **Kiowa Tribe Enrollment Verification:** Documentation that denotes you are an official member of the Kiowa Tribe, which may be obtained through the Kiowa Tribal Enrollment Office.
- 10.) **SSN:** a copy of student's Social Security Card.

**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.

**If further explanation is needed, please contact the Kiowa Education Agency.**

**Phone: (405) 648-0916 / Email: [highereducation@kiowatribe.org](mailto:highereducation@kiowatribe.org)**



# HIGHER EDUCATION APPLICATION

## KIOWA EDUCATION AGENCY

208 Hardees Street West · Anadarko, Oklahoma · 73005

Ph: (405) 648-0916 • Email: [highereducation@kiowatribe.org](mailto:highereducation@kiowatribe.org)



Please indicate the term(s) you are applying for:

Summer 20 \_\_\_\_\_ Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Trimester \_\_\_\_\_ Quarter \_\_\_\_\_

**PERSONAL INFORMATION: MUST BE FILLED OUT COMPLETELY, SIGNED AND DATED**

(Check One) NEW: \_\_\_\_\_ RETURNING: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN#: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

Kiowa Tribe ID: \_\_\_\_\_ Tribal District (#1-#7): \_\_\_\_\_ Veteran: Yes No (Circle One)

**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 KEA 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 KEA funding:

1. The KEA 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 Education Agency 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 KEA or necessary agencies to complete my financial aid package.
4. I am cognizant that any KEA 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 KEA Office upon completion of the academic term and a Verification of Enrollment for the next term.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



## SIGNED INFORMATION SHEET



### KIOWA EDUCATION AGENCY

Department of Higher Education

208 Hardees Street West · Anadarko, Oklahoma · 73005  
Ph: (405) 648-0916 · Email: [highereducation@kiowatribe.org](mailto:highereducation@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 KEA 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 KEA 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 KEA 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 KEA 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 the KEA, 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 the KEA. 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 KEA 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 KEA 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 KEA 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 KEA will make a determination as to whether the extension will be granted and notification will be sent.

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Applicant's Signature

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Date



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



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**FERPA Consent to Release Student Information**

**KIOWA EDUCATION AGENCY (KEA)** has the authorization to provide information and educational records of:

\_\_\_\_\_  
 (Name of student)

**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 (check all that apply):

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

The information is to be released for the following purpose (check all that apply):

- \_\_\_ 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 KEA.

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: \_\_\_\_\_



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# 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 EDUCATION AGENCY WILL DISCUSS STUDENT INFORMATION WITH THE STUDENT APPLYING FOR ASSISTANCE ONLY, UNLESS STATED OTHERWISE ON THE KEA FERPA FORM (Page 3.)**



**FINANCIAL NEEDS ANALYSIS FORM**

**Part 1- Must Be Filled Out Completely 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 Education Agency. The KEA 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 Education Agency. 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.

**CHECK ONE if Student's Information is unavailable.**

\_\_\_\_ 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.

**\*\*NOTE: Student will not be funded if they have not applied for FAFSA.**

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:	\$ _____
Room & Board:	\$ _____	Social Security:	\$ _____	C.W.S.:	\$ _____
Miscellaneous:	\$ _____	State Grants:	\$ _____	Voc. Rehab:	\$ _____
		Other:	\$ _____	Scholarship:	\$ _____
				Other:	\$ _____

TOTAL EXPENSES: \$ \_\_\_\_\_ TOTAL RESOURCES: \$ \_\_\_\_\_ TOTAL AWARDS: \$ \_\_\_\_\_

**(Total Expenses) – (Total Resources + Total Awards) = Student's Unmet Need \$ \_\_\_\_\_**

Printed Name: \_\_\_\_\_  
 Financial Aid Officer \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_  
 Financial Aid Officer Signature \_\_\_\_\_

COLLEGE/UNIVERSITY SEAL

Name/Address of College or University



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**VERIFICATION OF ENROLLMENT FORM**

**APPLICANT:** \_\_\_\_\_  
 (PLEASE PRINT)      LAST NAME                                      FIRST NAME                                      STUDENT ID #

**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 EDUCATION AGENCY.**

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, \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_, IS REGISTERED FOR THE

UPCOMING \_\_\_\_\_ SEMESTER/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.**







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**STUDENT BIO (OPTIONAL)**

Please provide the following:

Name: \_\_\_\_\_

Kiowa Name: \_\_\_\_\_

Hometown: \_\_\_\_\_ High School: \_\_\_\_\_

Family: \_\_\_\_\_

College/University (if applicable): \_\_\_\_\_

Major / Degree: \_\_\_\_\_

Cultural Activities/Hobbies/Clubs/Events you attend or are involved in:

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Community Events you attend or are involved in:

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Honors / Scholarships you have received:

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Future / Career Goals:

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**STUDENT BIO (OPTIONAL)**

How long has the Kiowa Education Agency funded your education? (formerly known as Kiowa Higher Education Grant Program):

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How has the Kiowa Education Agency helped get you to where you are now, academically and/or in your career?

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Please state anything else you would like to share about yourself. You may also provide any feedback or suggestions on how our program can better serve you and/or our Kiowa communities:

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**\*Submitting a formal portrait or headshot with your student bio is highly encouraged.\***

By signing and completing this page, you authorize the Kiowa Education Agency to share or use your academic achievement profile and picture in Kiowa tribal publications and social media posts. Additional pages may be provided.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_