

# SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

## Lenape Wise Program

This program is for students that are enrolled in college part time, summer semester or enrolled as a post graduate student. Award per semester is \$3,000. Payment is mailed to the school.

**\*Please check the box that applies to the college assistance needed.**

**PART TIME (Fall or Spring) - Less than 12 credit hours**

Delaware Nation student attending a college/university part time (less than 12 credit hours) for the fall/spring semesters.

**SUMMER - Summer session only**

Delaware Nation student enrolled during the summer semester.

**POST GRADUATE – Master’s and Doctorate Program**

Delaware Nation student must be enrolled in a master’s or doctorate program.

### **REQUIREMENTS**

- Student must be enrolled citizen of Delaware Nation.
- Student is required to maintain a 2.5 GPA.
- The student is responsible for completing and submitting an education application for each semester. **Applications should be submitted before classes start even if all supportive documents are unavailable.**
- The student is responsible for fees and any other college related charges that were accrued prior to being deemed eligible by this program such as, but not limited to:
  - Pre-enrollment fees
  - Tuition from a previous term
  - Any outstanding balance on student’s account
- Students must submit the application and supportive documents in a timely manner. Any applications submitted after the first six weeks of the start date of classes (this includes incomplete applications) will be ineligible for funding for that semester. Due to the increase participation in this program, we urge students to submit the application as soon as possible.
- The student must notify this office if student withdraws from class.
- For High School students who are concurrently enrolled, assistance will be for the exact amount of out-of-pocket fees associated with college courses only, not to exceed \$3,000.00. Student must provide ACT/SAT score documentation and an itemized invoice from the college showing charges owed.
- Students are limited to a maximum of 10 semesters or 120 accumulative credit hours of assistance.

### **REQUIRED DOCUMENTS**

If you fail to secure the documents listed below, **your application will be placed on pending status.** Applications are not considered complete until all required documents are received. **Pending applications do not reserve funds and will be void after six weeks from the semester start date. Please call the Social Services Department before the end of the first six weeks if you are having issues obtaining the supportive documents for completion.**

- ✓ Letter of intent by applicant. **An essay stating future plans of applicant and why they need funding.**
- ✓ Official transcript from previous semester
- ✓ Copy of official letter of admission from college/university **(new students only).**
- ✓ Copy of class schedule
- ✓ Tuition cost worksheet completed by the Financial Aid Office. (PAGE 3) or printout of tuition cost from the school.

### **SERVICE AREA**

NATIONWIDE

**Email: [ssapplications@delawarenation-nsn.gov](mailto:ssapplications@delawarenation-nsn.gov)**

**\*Appeals must be submitted in writing to the Tribal Administrator within 10 days of notification.**

Part time, Summer, Post Graduate  
P.O. Box 825  
Anadarko, OK 73005



Toll Free 1-800-203-2121  
Phone (405)247-2448  
Fax (405)247-5942

PLEASE PRINT

Name \_\_\_\_\_ Enrollment# \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Assistance needed for:  Fall part-time  Spring part-time  Summer Semester  Graduate School

Classification:  Freshmen  Sophomore  Junior  Senior  Graduate/Doctorate  Concurrent Enrollment

Name of College \_\_\_\_\_ Major \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Graduation Date \_\_\_\_\_  
\_\_\_\_\_

Have you previously received assistance from the Higher Education Program? Yes  No

If yes, what was the last year and semester you received the assistance? \_\_\_\_\_

Number of college semesters attended \_\_\_\_\_ Number of semester hours earned \_\_\_\_\_

**By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME



Form to completed by School Official

**EDUCATION COST WORKSHEET**

Student Name \_\_\_\_\_

Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Start Date \_

Completion  
 Date \_

Type of degree \_\_\_\_\_

Full Time

Part Time

Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_

Tuition \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

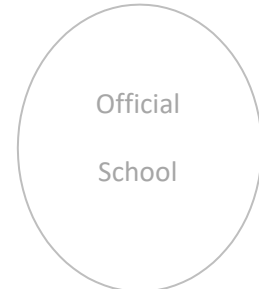
**Total program cost** \$ \_\_\_\_\_

**Less Pell grant** \$ \_\_\_\_\_

**Less loans** \$ \_\_\_\_\_

**Less funding source** \$ \_\_\_\_\_

**Student unmet need** \$ \_\_\_\_\_



\_\_\_\_\_  
 Signature of School Official

Delaware Nation Education Program recommended to pay \$ \_\_\_\_\_