

Tribal Scholarship Application

PO Box 453220 Grove, OK 74345

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APPLICATION DUE DATES

Fall Semester: July 15th Spring Semester: November 15th Summer Semester: April 15th

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Applicant:			DOB:		
Roll#	SS #:		Student ID #:	Student ID #:	
Phone #	Alt. Phone #:		E-mail #:	E-mail #:	
Address:					
School Name:			Phone #:		
Address:					
College Major:		Expected Gradua	tion Date:		
Application is for:	Fall (year):	Fall (year): Spring(year) Summer(year		r(year):	
Expected Degree:	Associates	Bachelor	Masters	Others	
If others, please explain:					
	Indicate Student c	lassification during th	is semester:		
Freshman	Sophmoi	re Se	enior Grad	duate Student	
	Please specify a	mounts/length for the	following:		
Enrolled in:	College Credits	Clock hours	Weeks/Months	Weeks/Months Training	
Have you received a Tribal	Grant before?	Yes	No		
If yes, what years?					
	Staten	nent of Understanding	5		
All information provided on this f	form is true & complete to th	ne best of my knowledge. If a	asked by an authorized offic	cial, I agree to	
provide proof of the information	I have provided on this form	. I agree to notify the Senec	a-Cayuga Nation Education	Department	
of any change in the above inforr	mation. I have read & unders	stand the Seneca-Cayuga N	ation Guidelines for the Trib	al	
Scholarship program & agree to	comply with all stated requi	rements.			
Applicant Signature			Date		
	Premission	for Release of Inform	ation		
I, the undersigned student at this	s University/College/Vo-Tec	h/Trade School do hereby gi	ive my permission for the re	lease of	
academic information to the Sen					
limited to; enrollment status, gra					
	plicant Signature				