



Name/Address of College: \_\_\_\_\_

(Circle One of Each Category)

Enrollment Status:            Full Time                            Part Time  
 Expected Degree:            Associates                            Bachelors

Expected Graduation Date: \_\_\_\_\_

Year in College:            Freshman            Sophomore            Junior    Senior

**PURPOSE OF EDUCATION STATEMENT:** I declare that I will use any funds I receive from the Sac and Fox Nation RAP College Education Program solely for the expenses connected with attendance at:  
 Name of Institution: \_\_\_\_\_

**APPLICANT: PLEASE READ CAREFULLY AND SIGN BELOW**

I hereby certify that the above information on this form is true and correct to the best of my knowledge and I consent to the release of this information to the necessary agencies to complete my financial package. I request that any Tribal tuition grant awarded to me will be mailed to the Bursar's Office/Financial Aid Office at my school. I understand that it is my responsibility to provide a copy of my transcripts to the Sac and Fox Nation's Education Department at the end of each semester. I have received a copy of the Sac and Fox Nation RAP College Education Programs Guidelines and questions pertaining to the programs have been answered to my satisfaction. I understand that I must comply with all requirements of the programs in order to receive continued funding from the Sac and Fox Nation.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

First-Time College Applicants	Checklist for Continuing Students
• Completed Application Form & Signed Privacy Statement	• Completed Application Form & Signed Privacy Statement
• Proof of Sac and Fox Nation Tribal Membership	• Verification of Academic Enrollment Form
• Letter of Admission from College/University	• Semester Class Schedule
• Verification of Academic Enrollment Form	• Official College Transcript from previous semester
• Semester Class Schedule	• <b>Signed Release of Information Form</b>
• <b>Personal letter stating your proposed college major</b>	
• <b>Signed Release of Information Form</b>	
• <b>Official College Transcript from previous semester or a high school transcript (if no college hours have been earned).</b>	

**SAC AND FOX NATION  
EDUCATION DEPARTMENT**

**PRIVACY STATEMENT**

The Privacy Act provides safeguards against an invasion of privacy through the misuse of records by federal agencies. Agencies which maintain a system of records on individuals are required to inform those individuals on the following:

- The authority by which the agency is authorized to solicit the information and whether the disclosure of such information is mandatory or voluntary.
- The use or purpose for which the information will be used.
- The effects on the individual, if any, for not providing all or any part of the requested information.

The Sac and Fox Nation's Education Program operates under the general authority of the Sac and Fox Nation's Governing Council policies. In accordance with the accountability required for the administration of funds appropriated for the program and to determine eligibility, certain information is required of applicants. This form authorizes the solicitation of the required information.

The applicant should understand that the intent of collecting and maintaining the data on individuals is for determining eligibility of the applicant and to provide the means to produce statistical records required for this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility for the award. The Sac and Fox Nation also retains the right to list the names of students who have received awards in the Sac and Fox Newspaper.

I have read the **Privacy Statement** and I hereby agree to provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



SAC AND FOX NATION COLLEGE EDUCATION PROGRAMS

VERIFICATION OF ACADEMIC ENROLLMENT

Name of Student:
Social Security Number:
Name of College/University:

**Registrar's Office:** Please complete the section below (or attach an official letter).

The above student is enrolled in \_\_\_\_\_ Credit hours for the 20\_\_ Fall / Spring (please circle one) semester.

The above students enrollment status is considered to be:

\_\_\_\_\_ Full-Time          \_\_\_\_\_ Part-Time

\_\_\_\_\_  
Registrar's Official Signature

(Official Seal/Stamp)

Please return this form to:

Sac and Fox Nation Education  
Department 920883 S. Highway 99  
Stroud, OK 74079

Phone: 918-968-3526

Fax: 918-968-0542



# Sac & Fox Nation

Education Department

920883 S. Highway 99, Stroud, OK 74079

Learning Center: Tel: (918) 968-3526

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Fax (918) 968-0542

## SAC AND FOX NATION

### Release of Information Form

I, \_\_\_\_\_, hereby authorize the Office of Admission and/or Registrar of \_\_\_\_\_ (School Name) to release the information indicated below to the office the Sac and Fox Nation's Higher Education Program for the term or terms indicated as follows:

Sac and Fox Nation  
Education Department  
920883 S. Highway 99  
Stroud, OK 74079

Fall/Spring Semesters 20 \_\_\_\_ to 20 \_\_\_\_

This Release of Information form will remain in effect for one and only one year from date of student's signature.

\_\_\_\_\_ Complete College Transcript

\_\_\_\_\_ Hours Enrolled/Class Schedule

\_\_\_\_\_ Mid-Term Grades

\_\_\_\_\_ Mid-Term Withdrawals

\_\_\_\_\_ Final Grades

\_\_\_\_\_ End of Term Absences

\_\_\_\_\_ End of Term Withdrawals

\_\_\_\_\_ Other (Specific Information Released)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number