SAC AND FOX NATION
RAP COLLEGE EDUCATION PROGRAMS APPLICATION
920883 S. Highway 99 Stroud, Oklahoma 74079

Application: New ( ) Renewal ( )

All information requested is voluntary; however, failure to fully complete all applicable parts may result in delays of processing the application or make it impossible to process at all. FAXED APPLICATION FORMS WILL NOT BE ACCEPTED. LATE AND/OR INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED.

APPLICATION DEADLINE DATES: Spring Semester- November 30th
Fall Semester- June 30th

[PLEASE COMPLETE ALL ITEMS BY PRINTING IN INK]

Name: ___________________________ SSN: ___________________________
   Last                        First                        Middle

Mailing Address: ___________________________ Phone ( ) ____________

Cell Phone #: __________________ E-mail: ____________________________

Sac and Fox Roll #: ___________ DOB: ______________ Gender: Male __ Female __

Application Requests need to be completed for each new semester and funding is available on first-come, first-served basis. Although the deadline dates are identified you may complete the application prior to the deadline date.

APPLICATION REQUEST FOR: Fall 20____   Spring 20____

APPLYING FOR:

____ College Tuition/Fees Assistance Grant (Undergraduate Students only)
____ College Textbook and Supplies Assistance Grant (Undergraduate Students only)
____ College Living Allowance (Undergraduate Students only)

College Major: ____________________________

Appvd. by BC 02/02/17
Appvd. By BC 01/14/11
Rev. by BC 12/06/11
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
• Completed Application Form & Signed Privacy Statement
• Proof of Sac and Fox Nation Tribal Membership
• Letter of Admission from College/University
• Verification of Academic Enrollment Form
• Semester Class Schedule
• Personal letter stating your proposed college major
• Signed Release of Information Form
• Official College Transcript from previous semester or a high school transcript (if no college hours have been earned).

Checklist for Continuing Students
• Completed Application Form & Signed Privacy Statement
• Verification of Academic Enrollment Form
• Semester Class Schedule
• Official College Transcript from previous semester
• Signed Release of Information Form

Appvd. by BC 02/02/17
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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.
SAC AND FOX NATION COLLEGE EDUCATION PROGRAMS

VERIFICATION OF ACADEMIC ENROLLMENT

<table>
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<tr>
<th>Name of Student:</th>
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<tr>
<td>Social Security Number:</td>
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<td>Name of College/University:</td>
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**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 student’s 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 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

Approved By BC 02/01/16