

**EASTERN SHAWNEE TRIBE**  
**2011-2012 SCHOLARSHIP/ON THE JOB TRAINING APPLICATION**

Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Roll #: \_\_\_\_\_ SS#: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Name of School: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Is this institution... Private: Y/N For-Profit: Y/N

Bursar Fax #: \_\_\_\_\_ Financial Aid Fax #: \_\_\_\_\_

Application is for: Fall(11) \_\_\_\_\_ Winter(12) \_\_\_\_\_ Spring(12) \_\_\_\_\_ Summer(12) \_\_\_\_\_

Currently seeking: Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

Major: \_\_\_\_\_ I am applying/will apply for financial aid – Y/N (circle one)

Please specify amounts/length for the following...

Enrolled in: \_\_\_\_\_ College Credits \_\_\_\_\_ Clock Hours Training \_\_\_\_\_ Weeks/Months Training

College Credit Courses will be: On-Campus \_\_\_\_\_ credit hours On-Line \_\_\_\_\_ credit hours

**To receive the ESTO Scholarship Award, the following documents are required:**

- (1) College Degree Plan or Vocational Career Plan
- (2) Official Billing (in English/US currency)
- (3) Grades for previous terms/ High School Transcript
- (4) Acceptance Letter (if applicable)
- (5) Enrollment/ Outline of Training Schedule
- (6) Result of Financial Aid/Scholarships Received

**As an applicant for Education Benefits, I understand that I may not receive an award from another tribe and that I am responsible for seeing that the Education Department receives the required documents. I agree to notify the Education Department of any changes in my enrollment/training status. I also understand that submitting false information may cause me to lose Tribal benefits. I further understand that I must maintain at least a 2.0 GPA or be placed on Probation. Withdrawing from classes after final drop date will affect future scholarship approval/payments. I have read the current Scholarship/Training Guidelines.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

**I hereby authorize \_\_\_\_\_ to release my School Billing, Grades/Progress Report, Enrollment, Financial Aid Report, Attendance Report to The Education Department, Eastern Shawnee Tribe of Oklahoma, 10135 S. Bluejacket Rd, Wyandotte, OK 74370 Phone: 918-666-5223 Fax: 918-666-5227**

\_\_\_\_\_  
Applicant's Signature

SS# \_\_\_\_\_ Date \_\_\_\_\_