

**EASTERN SHAWNEE TRIBE OF OKLAHOMA
2016-2017 SCHOLARSHIP/TRAINING APPLICATION**

Applicant: _____ DOB: _____ M: _____ F: _____
Roll #: _____ SS#: _____ Student's School ID #: _____
Phone: _____ or _____ E-mail: _____
Address: _____ City: _____ State: _____ Zip: _____
Name of School/OJT Work Place _____ Phone _____
Address: _____ City: _____ State: _____ Zip: _____
Is this School? State Supported: _____ Private: _____ For-Profit: _____ (Check One)
Office where Award Letter is to be sent _____ Fax # _____
Application is for: Fall (16) _____ Winter (16-17) _____ Spring (17) _____ Sum (17) _____
Currently seeking: Associate _____ Bachelor _____ Masters _____ Doctorate _____
Major/Field of Training _____ Applying/will apply for financial aid: Yes _____ No _____
Enrolled in: _____ College Credits _____ Clock Hours Training _____ Weeks/Months Training
College Credit Courses will be: On Campus _____ Credit hours. On-Line _____ Credit hours
Planned Graduation/Completion Date _____ Schools Final Date to Drop Classes _____
OJT Applicants: Rate/Hour Expected _____ What field(s)? _____

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) Copy of Enrollment/ Outline of Training Schedule
- (6) Result of Financial Aid/Scholarships

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 agree to follow 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. Ph: 918-666-5223; Fax: 918-666-5227; Email: Director (rckissee@ estoo.net)
Assistants: Amber (AMittag@estoo.net), Terry (tthorp@estoo.net)

Applicant's Signature

SS# _____

Date