

**EASTERN SHAWNEE TRIBE OF OKLAHOMA  
2018-2019 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 What applies)

Office where Award Letter is to be sent \_\_\_\_\_ Fax # \_\_\_\_\_

Application is for: Fall (18) \_\_\_\_\_ Winter (18-19) \_\_\_\_\_ Spring (19) \_\_\_\_\_ Sum (19) \_\_\_\_\_

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: # of Cr. Hrs. On Campus \_\_\_\_\_ # of Credit hours On-Line \_\_\_\_\_

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 (school or training site) \_\_\_\_\_ 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:( 888) 972-1834;  
Email: Amber ([amittag@estoo.net](mailto:amittag@estoo.net)), Terry ([tthorp@estoo.net](mailto:tthorp@estoo.net))

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

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

Date \_\_\_\_\_