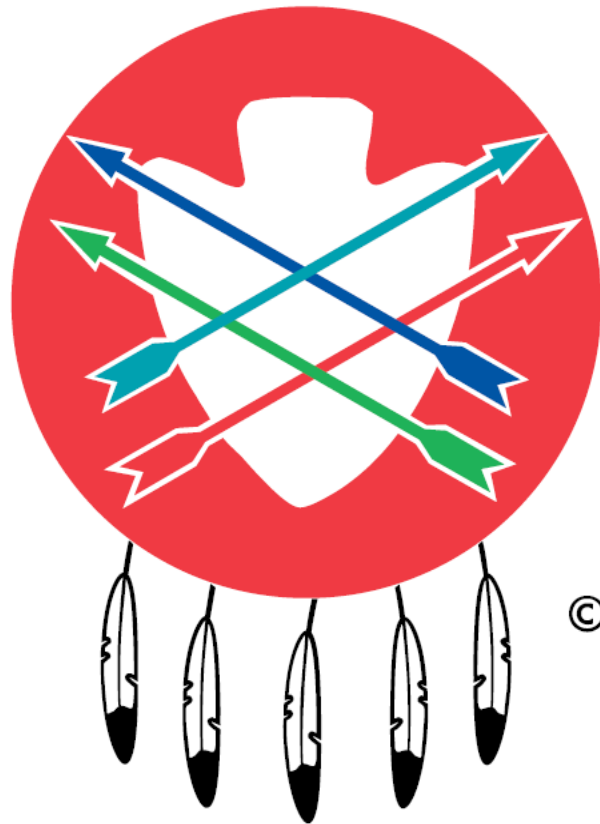


Graduate Scholarship Application



Peoria Tribe of Indians of Oklahoma
Higher Education Scholarship Program

Please, read entire packet before submitting application.

PEORIA TRIBAL EDUCATION PROGRAM REGULATIONS

PURPOSE

The purpose of this set of guidelines is to provide uniform procedures for the administration of the Peoria Tribal Education Program. This program is funded totally by the Peoria Tribe, from monies set aside for this purpose.

ELIGIBILITY

Persons eligible to receive benefits from the Peoria Tribal Education Program shall be all enrolled members of the Peoria Tribe of Indians of Oklahoma, as evidenced by their Tribal Membership Roll. Other eligibility requirements will be evidenced in the applicable program section.

BENEFITS/PAYMENTS

Scholarship Objective: To provide higher education and/or vocational training scholarships to members of the Peoria Tribe of Indians of Oklahoma who are best able to demonstrate probability of success.

BENEFITS PROVIDED

The Peoria Tribe shall award Graduate scholarships each year to assist tribal members in meeting their higher education goals. A maximum of \$3,000 per scholarship per semester for Full-time students (enrolled in 9 hours or more) and a maximum of \$1,500 per scholarship per semester for Part-time students (enrolled in 8 hours or less), will be paid directly to the student— you **MUST** sustain these hours and complete them. Students must be enrolled in an accredited college graduate's program. **Scholarships are for one semester period—a maximum of four semesters will be funded.**

APPLICATION

An application for benefits from the Peoria Tribal Graduate's Program shall be sent to the Peoria Tribal Office. Applications must be accompanied by documentation required for the program section for which application is being made. Failure to provide required documentation may result in delay or denial of the application. Applications submitted after the deadline will not be considered for that funding cycle.

Applications will be accepted by the Peoria Education Committee until **July 31 for the Fall term** and until **January 7 for the Spring term**. Applications can be mailed or brought into to the Peoria Tribal Office. A postmark reflecting the deadline date is acceptable. However, applications with insufficient postage will not be accepted. Incomplete applications will not receive consideration. Applications must include all supporting documentation.

Applications may be obtained through request by emailing or calling the Education Director, Lacie Hickey-lhickey@peoriatribe.com 918-540-2535 ext.10, or downloaded from the Peoria Tribe's website, www.peoriatribe.com, and mailed to the Peoria Education Committee at the address below:

**PEORIA EDUCATION COMMITTEE
PEORIA TRIBAL OFFICE
P.O. BOX 1527
MIAMI, OK 74355**

APPLICATION SELECTION CRITERIA

Applicant *must* carry at least 9 hours or more for full-time and 8 hours or less for part-time, you **MUST** sustain these hours and complete them, to be eligible for funding. Due to limited funding, applications must be selected on a competitive basis. Application will be rated on academics and probability of the completion of the academic program.

IMPORTANT

Be sure to read all of the instructions included with this application material. Only complete applications can be considered by the Education Committee, and it is the responsibility of the applicant to ensure that all needed materials are submitted for the Education Committee's consideration.

CHECKLIST

In order to be considered for scholarship assistance, applicants must complete each item of the following check list. Each item must be submitted prior to the application deadline. Failure to address each item will result in your application being rejected as incomplete.

- 1) ___ Completed Peoria Tribal Scholarship Application form.
- 2) ___ Copy of their tribal card as an enrolled member of the Peoria Tribe of Indians of Oklahoma.
- 3) ___ Recent photograph (*If the tribal card has the applicant's photo on the card this will suffice as submitting a photograph*)
- 4) ___ Short essay outlining academic goals.
- 5) ___ Proof of acceptance into the graduate's program by higher educational institution.
- 6) ___ Copy of a class schedule showing the number of credit hours in which you are enrolled.
(Requirement for **full-time is at least 9 hours or more** and **at least 8 hours or less for part-time** and you ***MUST*** sustain these hours and complete them.)

When are scholarship applications due?

The application *must* be submitted **by July 31st for fall semester funding**, and **January 7th for spring semester funding**. The application packet may be post marked by the deadline, but any applications post marked after the deadline will not be accepted. Applications with insufficient postage will not be accepted.

How do I maintain eligibility for the scholarship?

The student ***must maintain a 2.50 GPA*** or more averaged throughout the term of the scholarship. The applicant must sustain the hours for which they were funded for. (*example: If you are funded for full-time you must sustain full-time hours for the entire semester.*).

How do I renew my scholarship?

The student must submit a renewal application each semester (*Fall and Spring*) to renew their scholarship. The Education Director will mail renewal applications to students towards the end of each semester, so the student may renew their scholarship for the next semester. Please, keep your mailing address updated with the Education Department to ensure you get a renewal application.

**GRADUATE
SCHOLARSHIP APPLICATION**

Please type or print carefully

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>			
<u>Street Address/ P.O. Number</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		
<u>Phone</u>	<u>County of Residence</u>	<u>Birth date</u>			
<u>Peoria Tribal Roll Number</u>	<u>Name of Spouse (if applicable)</u>				
<u>Name of Father</u>	<u>Street Address/ P.O. Box</u>				
	<u>City</u>		<u>State</u>		<u>Zip</u>
<u>Name of Mother</u>	<u>Street Address/ P.O. Box</u>				
	<u>City</u>		<u>State</u>		<u>Zip</u>
<i>Education: List High Schools/GED, Junior College, or Colleges or Universities Attended</i>					
<u>School(s)</u>	<u>City</u>	<u>State</u>	<u>Dates</u>	<u>Credit</u>	<u>Diploma/Degree</u>
<u>Cumulative G.P.A. (Average of all work completed)</u>			<u>Student Enrollment Status</u>		
<u>Major</u>			<u>Expected Degree/Certificate</u>		
<u>Honors/Recognitions</u>					

STATEMENT ON PRIVACY

PEORIA TRIBAL SCHOLARSHIP PROGRAM

The Privacy Act of 1974 requires each Federal agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority (whether granted by statute, or by executive order of the President) which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- B. The principal purpose or purposes for which the information is intended to be used:
- C. The routine uses which may be made of the information as published pursuant to paragraph (4) (D) of this subsection: and
- D. The effects on him, if any, of not providing all or any part of the requested information.

The Peoria Tribal Scholarship Program operates under the general authority of the Department of Education Regulations. In accordance with the accountability required for the Administration of the funds appropriate for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office specifically, the release of term grades and transcripts to the Peoria Tribal Scholarship Program. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining education assistance under this program.

I have read the statement on privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Student

State of _____
County of_(_____)

On _____ 20_____
(date)

Before me _____
(insert name and title of officer)

Personally appeared:

(please print name)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Signature: _____

(Seal)

My Commission expires: _____



PEORIA TRIBE OF INDIANS OF OKLAHOMA
EDUCATION OFFICE
PO Box 1527, Miami, OK 74355
918-540-2535

CONSENT FOR RELEASE OF EDUCATION INFORMATION

The purpose of this form is for the student to give consent for disclosure of their Education file to certain individuals and/ or institutions. If you choose not to give consent to individuals and/ or institutions, then you may leave this form blank.

I _____ hereby give my consent for disclosure of Education
Student Name, please print
information pertaining to the education status of _____, DOB: _____, of
Student Name, please print Student DOB
the Peoria Tribe of Indians of Oklahoma to the following individual(s) and/or institution(s):

Name and address of Person or Institution you give permission for information to be released to:
(i.e. parents, guardian, grandparents, spouse, children, Institution you are attending, etc.)

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Information you give permission to release: _____

(Be specific on what information can be released. *Ex: Education Department may discuss any and all information pertaining to my education with persons listed above.*)

Signed: _____
Student Signature

Date: _____

Statements or entries generally

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both. **June 25, 1948, c. 645, 62 Stat. 749**