



# Delaware Nation

Tribal Assistance Program

P.O. Box 825

Anadarko, OK 73005

## Education Stipend Application

Please Print

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Roll Number: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Parent/Legal Guardian \_\_\_\_\_

### Other Information

*Please attach a copy of diploma to application*

#### School Information

School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

#### Type

HIGH SCHOOL \$60  COLLEGE \$150

#### College Graduate

Associates  Master's  
 Bachelors  Doctorate

I hereby certify that this application is true to the best of my knowledge. It is my responsibility to submit a copy of my diploma to the Delaware Nation Education Department office.

\_\_\_\_\_  
**PRINT Applicant Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

#### OFFICE USE ONLY

Approved  Denied  Date \_\_\_\_\_

\_\_\_\_\_  
**Education Department Signature**

\_\_\_\_\_  
**Date**