



Cheyenne and Arapaho Higher Education Program Supplemental Application

Date of Application _____

Academic Year 20____ - 20____

Which type of assistance/awards are you applying for? (Please read and check one of the following)

1. ARP-HIE Scholarship - This includes those students not eligible under the BIA-HIE Contract guidelines with demonstrated need, full time and part time student expenses and any emergency supplemental needs.
2. College GPA and/or Degree Incentive Awards - based on semester GPA for full time students. Please provide official transcripts.
3. High School Senior Expenses - \$100 per student for senior related expenses.
4. High School Graduation Incentive. Please provide official transcripts.
5. College Prep Expenses - ACT and SAT Fees, College Campus Tours, College Concurrent Enrollment & College Admission fees.
6. Special Circumstances and Special Requests for Assistance – including assistance for Students who have been selected to participate in an academic program or camp.

TO BE COMPLETED BY STUDENT or PARENT/GUARDIAN OF STUDENT

STUDENT'S NAME _____

DATE OF BIRTH _____ AGE _____ GRADE _____ MALE _____ FEMALE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

TRIBAL ROLL# _____ *PLEASE PROVIDE A COPY OF YOUR CDIB.

COMPLETE THE INFORMATION BELOW IF APPLICANT IS A HIGH SCHOOL STUDENT

PARENT/GUARDIAN'S NAME _____

PARENT/GUARDIAN'S PHONE NUMBER _____

STATEMENT OF PRIVACY

In accordance with the accountability required for the Administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is needed 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. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program. **I have read the statement of privacy listed with this 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 Signature _____ Date _____

Parent Signature (if applicable) _____ Date _____

Please call our office for any questions: 405-422-7646

Submit Completed Application to:

Mailing Address: Higher Education Program, PO Box 167, Concho, OK 73022

Email Address: HigherEd@cheyenneandarapaho-nsn.gov

Fax Number: 405-422-8211