Dear Applicant:

The Otoe-Missouria Tribe of Oklahoma, Higher Education Department would like to thank you for your request for a Higher Education Scholarship Application. It is imperative our Native American students continue their educational goals. By utilizing all educational resources to complete your educational goals and objections, your future will be the fulfillment of your inspiration and dreams.

The Otoe-Missouria Higher Education Program is contracted under the auspices of P.L. 93-638, from the Bureau of Indian Affairs, to provide supplemental financial assistance to Otoe-Missouria enrolled tribal members, pursuing a Bachelor’s of Arts, Bachelor of Science, at any accredited institution of higher learning. The Otoe-Missouria Higher Education Scholarship funds are based on availability of funds.

The Higher Education program is not an entitlement program. Tribal membership (enrollment) does not automatically determine eligibility. Each enrolled Otoe-Missouria Tribal Applicant must satisfy all Federal (BIA) requirements as specified in the Application Package in order to determine eligibility. Students who meet all requirements will remain eligible as long as compliance is maintained and application is current (must apply each semester to receive funds).

Assistance is available to those students attending a Two (2) year college pursuing either an Associate of Arts or Associates of Science Degrees with the intent to eventually transfer to a four (4) year college to obtain a Bachelor’s degree, students pursuing a Bachelor’s degree at a 4-year university, or pursuing a graduate degree. Students attending a two (2) year college in pursuit of an Associate of Applied Sciences Degree in certain disciplines, Associate of Occupational Science degrees or Vocational/Technical certification are NOT ELIGIBLE for funding under the Higher Education Program.

Applications must be complete by the appropriate deadline to be considered for funding. The deadlines are:

- **Fall**: July 15
- **Spring**: January 15
- **Summer**: May 15 (Seniors & Grad Students only)

Prior to the deadline, if you are having problems obtaining any required documentation from your school or another source, please contact our department and we will assist in any way possible in having the documents sent to us on time. If you do not contact us for assistance prior to the deadline, we will not be able to assist you and your application will be denied.

Respectfully,

Glorree Tah
Education Director
APPLICATION FOR HIGHER EDUCATION SUPPLEMENTAL GRANT

Grant/Scholarship Requirements:

1. Be a member of the Otoe-Missouria Tribe of Oklahoma. Tribal Identification card or Certificate Degree of Indian Blood (CDIB) required
2. Enrollment in an accredited institution of higher education pursuing an approved degree.
3. Have a financial need as determined by the eligible institution’s financial aid office according to the U.S. Department of Education Formula.
4. Apply for all available campus-based financial aid (FAFSA).
5. Application must be FULLY completed by deadline dates. (Fall Semester-July 15, Spring Semester-January 15, Summer Semester, seniors & grad students only, May 15)

Required Documents check list:

☐ Completed Higher Education grant application form
☐ Copy of Certificate Degree of Indian Blood (CDIB) and/or Tribal enrollment card (New Applicants only).
☐ A letter of Acceptance from an eligible institution (New applicants, transfers)
☐ A high school transcript or GED High school equivalency certificate. (New Applicants only).
☐ Transcripts from previous term or year of attendance, if applicable (Official e-transcripts accepted)
☐ A Financial Need Analysis Form (Pg 5) prepared and certified by the college Financial Aid Officer indicating the student’s unmet need. Incomplete forms not acceptable.
☐ A letter to the Education Committee stating: (New applicants, continuing students changing their major)
  Why you need the funds
  How you plan to use the funds
  College major you plan to pursue
  Goals and objectives after graduating college
☐ Class schedule for funding semester
☐ Tuition Bill

As of Spring 2016, we are "going digital". With the exception of traditional official transcripts, which must still be mailed or brought in, the application as well as all other supporting documentation should be submitted to: 

highered@omtribe.org

For questions please call at (580) 723-4466 x. 171 or 209 toll free at (877) 692-OTOE x. 171 or 209 or highered@omtribe.org.
OTOE-MISSOURIA HIGHER EDUCATION APPLICATION

Year ________ Semester__________

Name: __________________________ School Student ID #: __________________________

Date of Birth: ______________ SSN: __________________________ Email: __________________________

Address: __________________________ Home Phone #: __________________________

__________________________ Cell Phone#: __________________________

__________________________ Marital Status: Single Married Divorce

Spouse's Name: __________________________ # of minor dependents: __________________________

University/College: __________________________

Address: __________________________ Please circle class standing: Freshman

__________________________ Sophomore Junior Senior Master's Doctorate

Phone: __________________________ Full time ___ Part time ___

Immediate past semester GPA: __________ Major Field of Study: __________________________

Total # of Semesters Funded: __________ Degree Anticipated: __________________________

Credit Hours Earned to date: __________ Anticipated Graduation Date: __________________________

Credit Hours currently enrolled: __________________________

New Applicants Only:

CDIB ______ Tribe Roll #: __________________________

High School Information:

Circle one: High School Diploma GED Graduation or GED Date: __________________________

Name and Address of School: __________________________

________________________________________________

School Phone number: __________________________

________________________________________________

Previous Funding Information:

Have you ever received funding for Education from the BIA or Tribe before this application? ______
If yes, please state last date funding was received: __________________________

Have you ever been suspended from the program?: __________________________
If yes, please explain: __________________________

Applicant's Signature: __________________________ Date: __________________________
Privacy Statement

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 principle 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.
D. The effects, if any, if not providing all or any part of the requested information

The Otoe-Missouria Higher Education Assistance program funded through the Bureau of Indian Affairs operates under the general authority of 23 USC chapter 12, 42 STAT. 208 P.L. 67985 with specific legislation contained in and other assistance for higher education. 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 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 records required by this office. Failure on the part of applicant to provide the requested information will preclude the applicant from eligibility in obtaining Higher Education Assistance under this program.

I have read the privacy statement and I hereby provide the required information to the extent of the uses specified in the statement.

_________________________________________  ______________________________
Signature                                        Print Name

______________________________________________
Applicant Address

__________________________
Date

(PLEASE PROVIDE A COPY TO YOUR RESPECTIVE COLLEGE)
Otoe-Missouria Tribe
Financial Need Analysis Form
Year ________ Semester__________

Instructions:
Student: Fill out the top portion of the application then take the form to the Financial Aid Department of your school for completion. Deadlines: Fall July 15, Spring January 15, Summer May 15
Financial Aid: Complete the bottom portion of the form. Please include only amounts for CURRENT SEMESTER, not entire year. If the student has not accepted any loans, do not include them. Fax completed form to (580)352-6109, mail to Education Department, 8151 Hwy 177, Red Rock OK 74653, or email to highered@omtribe.org.

Student Name ___________________________________________School Student ID # ___________________
SSN:__________________DOB:_____________Age:________ Phone:__________________Cell_______________
Address:______________________________________E-mail Address____________________________________
City, State, Zip:____________________________________ Number of minor dependents:_____
Marital Status: Single Married Divorced Spouse’s name:__________________________
Student is a: New student Former Student Type of school: Junior College Private
Continuing Student Transfer Student College/University Tribal BIA
Academic Level: Freshman Sophomore Junior Credit hours earned to date:______
Senior Master’s Doctorate Credit hours currently enrolled:______

List grants or scholarships applied for:__________________________________________

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<th>Expenses</th>
<th>Resources</th>
<th>Awards</th>
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<td>Family Contribution</td>
<td>Pell</td>
<td>Total Resources(2)</td>
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<tr>
<td>Fees</td>
<td>Student Contribution</td>
<td>SEOG</td>
<td>Expenses less (-)</td>
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<tr>
<td>Books</td>
<td>VA Benefits</td>
<td>Work Study</td>
<td>Resources = Financial Aid</td>
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<tr>
<td>Supplies</td>
<td>Social Security</td>
<td>NDSL</td>
<td>Financial Aid less (-) Total Awards (3)=</td>
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<td>Dept of Rehab Services</td>
<td>Private Loans</td>
<td>Unmet Need</td>
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<td>OTAG</td>
<td>Financial Aid Officer</td>
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<td>Other:</td>
<td>State Indian Scholar</td>
<td>Other:</td>
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<th>(3) Total Awards</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Phone Number</td>
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</table>

I give permission for the college/university to release financial and academic information to the Otoe Missouria Tribe Higher Education Department.

__________________________________ ___________________
Student Signature Date
Consent to Discuss Information
(OPTIONAL)

This **optional** form grants the Otoe-Missouria Education Department consent to discuss various elements of your application and status with someone other than you. This form is not the same as the privacy statement allowing your school to discuss financial aid with the Education Department. This form gives specific permission to discuss your file with the listed person/people. **Without this form, we cannot discuss your file with anyone other than you.** This includes discussing application/award status with parents, grandparents, siblings, spouse/partner, or friends. If you want to allow someone else to discuss your information, please fill out this form and return with your application. You can grant more than one person consent. If you chose to grant different people access to different elements, please file out an addition form. This form is valid for one semester only. A new form must be completed each semester. Again, this is **OPTIONAL.**

Year__________ Semester □ FALL □ SPRING □ SUMMER (Seniors, Grads only)

I, ________________, grant the Otoe-Missouria Education department permission to discuss my (Check all that apply)

□ Application
□ Grades
□ Awards
□ Schedule
□ Program status

With the person/people listed below.

Name________________________ Relationship________________________
Name________________________ Relationship________________________
Name________________________ Relationship________________________
Name________________________ Relationship________________________

Signature__________________________________ Date____________________