the Chickasaw	Chickasaw		Bill Anoatubby Governor	
Department of Communi	ity Services / Youth Services Division	n		
Youth Support	•			
231 Seabrook Road / Ada, OK 74820 / (5	580) 310-6620 / Fax: (580) 421-8//4			
High Scho	ool Senior Expense and H	Honor Cord		
Applicant Information: (Please type or print clearly)		Date:		
Name:				
First	Middle	Last	Suffix	
Preferred name:	Birth date:	Gender: Male	□ Female	
Mailing address:	City	State	ZIP	
		etate		
Physical address:	City	State	ZIP	
Home phone no.: ()				
Email address:				
Parent/Legal Guardian Information:				
Name:	Middle	Last	Suffix	
Birth date: Relationsh (Required for security purposes)				
Home phone no.: ()	Cell phone no.: ()			
Email address:				
Senior Request: Must include documentation, flyer, brochure, or Please check all that apply: Senior expenses (please list): See brochure for allowable expenses - annou per lifetime during senior year.			vailable once	
☐ HONOT COTO Signifies you are a graduating Application must be received by March 30 th to		er lifetime during senior year.		
Senior Verification: This section must be completed by the counselo	or or school administration.			
By signing below, you are verifying the	e above student is a high school s	enior and in good standing	to graduate:	
Verifier signature/title	Da	te		
Verifier phone no.: ()	Verifier email address:			
School Information:				
School name:	So	chool district:		
Expected graduation date:				
The application must be completed in documentation detailing what the cost applications will not be processed. No here for <u>program guidelines</u> .	is to participate in the stated activ	vity, organization, club, etc.	Incomplete	
		Form no. 04245EHS CS	-YS Rev. 1/2024	