



the
**Chickasaw
Nation**

Bill Anoatubby
Governor

Department of Education / Education Resources Division

Postsecondary Education / Student Support Program

300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Email address: StudentSupport@Chickasaw.net

Website: www.Chickasaw.net/StudentSupport

Student Support Application

The Chickasaw Nation is pleased to offer general assistance support to you as a postsecondary education Chickasaw student. After completing this application and providing us with the required documentation, your application will be reviewed for consideration. All student support program assistance offered by the Chickasaw Nation is for Chickasaw citizens only. One application per spring semester and one application per fall semester will be accepted. Applications and documentation can be submitted online at www.Chickasaw.net/StudentSupport, delivered via postmarked U.S. Postal Service, delivered in person to the department of education or emailed to StudentSupport@Chickasaw.net. No application or document will be accepted by fax. Full-time Chickasaw Nation employees are not eligible.

Application type: ☐ New ☐ Renewal

Semester applying for funding: ☐ Spring (January 1-June 30) ☐ Fall (July 1-December 31)

Program type: ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ Professional certification/license
☐ Concurrent high school student

Personal information:

Name: _____
First Middle Last Suffix

Preferred name: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Maiden name: _____ Birth date: _____ Gender: ☐ Male ☐ Female

Home phone no.: (____) _____ Cell phone no.: (____) _____

Email address: _____

Note: All Chickasaw Nation correspondence will be sent to the email address listed on this application. This will ensure a more efficient notification process regarding the status of your application. Students are responsible for checking their email regularly to guarantee receipt of correspondence.

Are you a veteran or currently serving in the military (active duty, National Guard or Reserve)? ☐ Yes ☐ No

Which branch of service? _____ Are you disabled? ☐ Yes ☐ No

Are you currently incarcerated? ☐ Yes ☐ No

If yes, when is your expected parole date? _____

School information:

School attending: _____

Mailing address: _____
Street City State ZIP

Phone no.: (____) _____ Fax no.: (____) _____

Field of study: _____

Credit hours enrolled: _____

Enrollment status: _____

Expected graduation date: _____

Household information:

A household is defined as a group of related or unrelated individuals who usually live together and share income and expenses. You must include yourself as a household member.

Name (first, middle, last, suffix)	Relationship to student	Age	Are there child care costs associated with this minor child? (A minor will be the age of 18 and below.)

Current residency: ☐ Homeless* ☐ Homeowner ☐ On-campus ☐ Parent or relative home ☐ Rental
☐ Other: _____

*Homeless, at risk of being homeless in the next 30 days or living in conditions not meant for human habitat.

Please provide details regarding your situation to allow us to better assist you quickly.

If rental:

Landlord name: _____

Address: _____

Phone no.: (____) _____

Email address: _____

If homeowner, do you currently pay the mortgage? ☐ Yes ☐ No

Do you currently have the following utility expenses? ☐ Electric ☐ Natural Gas ☐ Propane for home heating
☐ Water

Are any of the selected utility bills past due or received a cut-off notice? ☐ Yes ☐ No

If yes, a copy of the bill is required.

Employment status:

- ☐ Employed full-time
☐ Employed part-time
☐ Employed through a student work study program
☐ Self-employed
☐ Unemployed

Non-income acknowledgment:

- ☐ I am not employed through any public or private employer.
☐ I am not receiving any type of unemployment compensation benefits.

☐ I am not receiving any pension, retirement or annuity benefits.

☐ I understand that I must report any changes in income.

☐ Other: _____

Chickasaw Nation employee? ☐ Yes ☐ No (Full-time Chickasaw Nation employees are not eligible.)

Household monthly income:

Source of household income	Who receives	Monthly amount
Alimony		
Employment income		
Retirement or pension		
Social Security		
Supplemental Security Income (SSI)		
Unemployed		
Veterans' benefits		
Other:		

Do you currently receive any of the following federal, tribal or state services? ☐ Yes ☐ No

- Child care assistance
- Community Services Block Grant (CSBG)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Subsidized housing program (e.g., 98 Rental Assistance Program)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Women, Infants and Children (WIC)

Do you currently have any of the following transportation expenses? ☐ Yes ☐ No

- Campus parking fees
- Vehicle fuel
- Public transit costs (e.g., bus, subway, etc.)
- New or renewal vehicle tag costs
- Vehicle insurance
- Vehicle payment

Do you currently have any the following living expenses? ☐ Yes ☐ No

- Cell phone service
- Clothing
- Food or meal plan
- Internet service
- Toiletries
- Trash or sewer

Do you currently have any of the following remedial education services expenses? ☐ Yes ☐ No

- License or exam fees
- Specialty program expenses (e.g., medical residency application fees, fingerprints or background check)
- Tutoring
- Education-related costs

Please list any current barriers you have to complete your postsecondary education (e.g., additional coursework supplies, specialized equipment requirements, medical hardship circumstances, lost employment hours due to illness or injury, lost employment hours due to shift changes, relocation or company downsizing):

Acknowledgment:

_____ (Initial) The information contained in the application will be considered “confidential information” and will not be disclosed to third persons, except upon written authorization of the student or as otherwise required by law. I will use any funds I receive from the Chickasaw Nation Student Support Program solely for expenses connected with attending _____.

_____ (Initial) The information I have provided is complete and accurate. Falsifying any information or document included with my application may result in the revocation of any scholarship granted to me and may also result in my suspension from future Chickasaw Nation grants, programs and scholarship opportunities.

☐ Yes ☐ No I authorized the Chickasaw Nation Student Support Program to release any information herein, including but not limited to, my name and birth date, to the necessary agencies, including the National Student Clearinghouse, in order to complete my financial aid package or to be cross referenced with college graduation records for verification or retention data.

☐ Yes ☐ No I would like to receive additional information about Chickasaw Nation opportunities, events, scholarships, internships and other educational information by phone, email or text.

On a scale of 1 to 5, with 5 being very satisfied:

1. How would you rate your satisfaction with the service you received?

1 - Very dissatisfied 2 - Dissatisfied 3 - Neutral 4 - Satisfied 5 - Very satisfied

2. How would you rate the overall ease of the application?

1 - Very difficult 2 - Difficult 3 - Neutral 4 - Easy 5 - Very easy

3. How would you rate your overall experience of the Chickasaw Nation Student Support Program process?

1 - Very poor 2 - Poor 3 - Average 4 - Good 5 - Very good

Student signature

Date

Parent/legal guardian signature (if applicable)

Date

Supporting information:

- Proof of enrollment with current class schedule showing credit hours/units enrolled
- Unofficial college/university transcript, high school transcript, HSE/GED scores
- Income verification or non-income statement
- Housing verification
- Approved form of disability verification by the Social Security Act, if applicable
- Supporting documentation including but not limited to:
 - Utility bills
 - Federal, tribal and/or state human service awards (e.g., TANF, WIC, SNAP, LIHEAP, CSBG, subsidized housing programs, child care assistance)
 - Transportation costs (e.g., receipts or bills)
 - Living expenses (e.g., receipts or bills)
 - Education (e.g., receipts or bills)
 - Other documentation to support current needs



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Student Authorization for Disclosure of Information In Education Records

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended

Instructions:

To authorize the Chickasaw Nation, its programs, representatives and employees to obtain your educational information and to release your educational information to individuals or the college/university you are attending.

1. Fill out all appropriate fields on this form; and
2. Submit the form via postmarked U.S. Postal Service, email or in person to the department of education.

Note: Forms will not be accepted without a signature.

First name:	
Middle name:	
Last name:	
Suffix:	
Birth date:	

I hereby authorize/revoke the Chickasaw Nation Student Support Program to disclose my education record(s) to the following individual(s) or college/university.

Individual/college/university name	Birth date of individual	Disclosure of education records
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization

I hereby authorize/revoke the following individual(s) or college/university to release my education record(s) to the Chickasaw Nation Student Support Program:

Individual/college/university name	Birth date of individual	Release of education records
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization

Student signature

Date

Parent/legal guardian signature (if applicable)

Date