



DELAWARE TRIBE ACADEMIC ACHIEVEMENT AWARD
An award for High School Graduates with a 3.5 cumulative GPA.

Eligibility Requirements:

- **Must be a registered member** of the Delaware Tribe of Indians. *A copy of the applicants Tribal Registration Card and number. **MUST BE SUBMITTED WITH APPLICATION.** (If card is not available, a replacement may be obtained for the Delaware Tribe Registration Department).
- Have a 3.5 cumulative Grade Point Average or higher.
- Applicant must have graduated from high school in the current fiscal year/academic school year.
- Applicant must provide a certified copy of an official transcript.
- The application will be reviewed at the next regularly scheduled monthly Education Committee meeting.
- When approved, a check in the amount of \$100 will be mailed to the Applicant.
- Applications are approved on a case-by-case basis.
- Awards are based on the availability of funds.

Directions:

1. Obtain application from Tribal Headquarters, by phone call or delawaretribe.org.
2. Complete application and return with the official transcript and a copy of your Delaware Registration Card to the attention of the Education Department to the address listed above.
3. Applicants will be notified by email or phone call of their award.

Name: _____
Last First MI. (Maiden)

Address: _____
Street City State Zip

Telephone: _____ Email Address (please print legibly) _____

Delaware Tribal Registration Number: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

School: _____

I hereby certify that the above information is true and correct to the best of my knowledge. Any funds received under false pretenses will be repaid to the education account within 30 days.

Signature of Applicant

Date

- ANY applicant purposely attempting to defraud the Education Committee will not be eligible for any Education Programs for a period of one (1) year.
- Registered Delaware Tribal member as defined in the Trust Document, Article 1-membership. Trust Board Education ordinances, Purpose 100, Requirements. Trust Funds Master Plan III)

Community Service Committee Use Only:

Approved By: _____ Date: _____

Total Amount: \$ _____

Denied by: _____ Date: _____

Reason for Denial: _____