DELAWARE TRIBE OF INDIANS
Trust Board Education Committee
5100 Tuxedo Blvd
Bartlesville, OK 74006
918-337-6590

Trust Board Education Committee
VO-TECH EDUCATION ASSISTANCE APPLICATION

Vo-tech financial assistance is awarded by the Delaware Tribe of Indians Education Committee and is administered by the Trust Board. Vo-tech Education Assistance may be used to help defray the costs of short-term vocational training. **Vocational training programs that are to be completed in 1 year or less are eligible for a $300 scholarship. Vocational training programs that are to be completed in 2 years are eligible for a $400 scholarship. Awards are based on the availability of funds.**

Eligibility Requirements:

- **Assistance is limited to post-secondary vo-tech students only.**
  *High school students in concurrent enrollment programs are **not eligible** for the scholarship.*
- **Applicant must be an enrolled member of the Delaware Tribe of Indians.**
- **Applicant must be currently enrolled in a qualified vocational training program.**
- **Applicant must apply for this scholarship within 60 days of receiving their acceptance letter to the vo-tech training school.**
- **Applicant must submit ALL completed required paperwork for consideration.** *Incomplete Applications will not be considered.*

Application Procedure:

Send the following documentation to
Delaware Tribe of Indians
Attention: Trust Board Education Committee
5100 Tuxedo Blvd
Bartlesville, OK 74006
or submit by email **to** **Kmaynor@delawaretribe.org**

☐ **Complete application.** (ALL information must be completed for consideration.)

☐ **Submit a copy of Delaware Tribe of Indians Enrollment Card.**

☐ **Submit applicant's enrollment verification and class schedule.**

☐ **Submit an acceptance letter from an accredited vo-tech school.**

☐ **Submit a copy of the applicant's Driver's License or other form of legal identification.**

Trust Board Use Only:
Approved by: _____ Date:_____
Total Amount: $_____

Denied by:_____ Date:_____
Reason for Denial:
1. _____ Incomplete application and/or required documentation.
2. _____ Applicant does not qualify due to _____

To be completed by Trust Board Employee.

Application Received by: _____

Date:_____

Complete the following information using blue or black ink. *Please print legibly.*

Name: _____ _____ _____

LAST FIRST (MAIDEN)

Address: _____ _____ _____ _____

STREET CITY STATE ZIP

Phone: _____ _____ _____

CELL HOME WORK

Email: _____

Delaware Tribal Registration Number: _____

Date of Birth: _____ **Age:** _____

Name Technical School:

_____

Street Address

_____

City **State** **Zip**

Name of Training Program:

_____

Length of Program : ☐ **1 Year or Less** ☐ **Up to 2 Years**

The information provided in this application is true and correct to the best of my knowledge. I understand that any false or willful misrepresentation can disqualify me from consideration for financial assistance from the Trust Board Education Committee in the future.

_____ _____

Signature of Applicant **Date**