

## Scholarship Program Application

The Delaware Tribe of Indians is pleased to offer various programs for Tribal Citizens. Funded by the Bureau of Indian Affair's American Rescue Plan Act (ARPA) supplement, these programs are intended to provide economic relief for Delaware Tribal Citizens in response to the COVID-19 Pandemic. This application determines eligibility for the Delaware Tribe's Scholarship Program.

**Delaware Scholarship Program:** This program intended to provide financial assistance for Delaware Tribal members who are enrolled in higher education, ensuring that Tribal members have access to adequate funding to support their post-secondary education. The Scholarship Program is meant to provide Delaware Tribal members with financial support for affording College/University

The Delaware Tribe of Indians has set aside \$100,000 to introduce the Scholarship Program to assist Tribal members access and afford higher education. Eligible full-time applicants will receive up to \$1,000 in scholarship funding, and part-time applicants will receive \$500 in scholarship funding.

Applications will be received on a rolling basis, and approved applications will be notified until program funds are depleted.

Applicant Personal and Contact Information			
Applicant Full Name			
Date of Birth	Tribal Enrollment	Tribal Enrollment #	
Physical Address (Street, City. Zip)			
Mailing Address (Street, City. Zip)			
Phone Number	Email Address		
Name of College/University/School	Enrollment Status	☐ Full-Time (12+ credits/semester) ☐ Part-Time (<12 credits/semester)	

Delaware Scholarship Program - Required Documents				
Please attach the following supporting documentation	associated with the	e program(s) you are applying for:		
□Proof of Delaware Tribal Enrollment (Tribal ID, Certificate of Indian Blood, etc.)	☐ Proof of higher-education enrollment (letter of Acceptance and most recent transcript, course schedule, etc.)			
Applican	t Certification			
I certify that all the answers given are true, completed belief, and they are made in good faith. This certinformation will be used to determine eligibility to misleading statements may constitute a violation of covered by the Privacy Act. No record will be commuting writing, by the applicant, or unless an officer or requires it in the performance of their duties.	tification is made to receive financia 18 U.S.C. 1001. Th unicated to anyone	e with the knowledge that the al assistance, and that false or als application contains material or any agency unless requested		
Printed Name:				
Signature:		Date:		
How to Subin	it this Application	11		
Submit by Mail:  Delaware Tribe of Indians Attn: ARPA Department 5100 Tuxedo Boulevard Bartlesville, OK 74006  Drop off in person:  Delaware Tribe of Indians Tribal Headqua 5100 Tuxedo Boulevard Bartlesville, OK 74006	arters			
bartiesville, OK 74000				
	cial Use Only			
Date received by the Tribe:		D. W. C. I		
Tribal enrollment verified? □Yes □No	Date Verified:			
Additional Documentation:				
Demed Frogramits) and why:				

Approval/Denial Letter sent:  $\Box$ Yes  $\Box$ No

Date Mailed: