

# Delaware Tribe of Indians

170 NE Barbara –Bartlesville, OK 74006  
Telephone – 918-337-6572 Fax: (918) 337-6591

## Delaware Tribe Drivers Education Assistance

*An award for Tribal Members*

### Eligibility Requirements:

- **Must be a registered member** of the Delaware Tribe of Indians. \*
- A copy of the applicant's 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).
- This Assistance may be used to help defray costs of attending driver's education classes through an accredited training facility for up to \$75.
- One application per fiscal year may be funded.
- The student will be responsible for any costs incurred not covered by this assistance.
- Payment will be made directly to the training facility or by reimbursement to the applicant upon verification of enrollment and cost, which an official receipt with the name of facility.
- The application will be reviewed at the next regularly scheduled monthly Education Committee meeting.
- 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 copy of Delaware Registration Card and receipt or invoice of training facility, to the attention of the Education Department to the address listed above.
3. Applicants will be notified by mail of their award.

Name: \_\_\_\_\_  
*Last First MI Maiden*

Permanent Address: \_\_\_\_\_  
*Street, Box or Rural RT. No. City State ZIP*

Telephone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Delaware Registration #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

CDIB: Yes \_\_\_\_ No \_\_\_\_ 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, parent or guardian**

\_\_\_\_\_  
**Date**

- **ANY** applicant purposely attempting to defraud the Education Committee will not be ineligible 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)

### Education Committee Use Only:

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Application Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_