



Absentee Shawnee Tribe of Oklahoma

2025 S. Gordon Cooper Drive
Shawnee, Oklahoma 74801
(405) 275-4030 • Fax (405) 273-1192 • 1-800-256-3341

HIGHER EDUCATION / EDUCATION INCENTIVE AWARD PROGRAM (EIAP) APPLICATION

PLEASE COMPLETE ALL ITEMS IN INK. All information requested is voluntary; however, failure to fully complete all answers may result in delays or make this application invalid.

Term Requested (Circle Appropriate Semester): Spring Fall Summer Year _____ Full-Time / Part-Time : (Circle One)

Name _____
Last First Middle Maiden

SSN: _____ CDIB # _____ D.O.B. _____

Permanent Mailing Address _____
Street City State Zip

Temporary Mailing Address _____
Street City State Zip

Telephone Number: (_____) _____ Message # (_____) _____

Email: _____

Marital Status: Single Married Separated Divorced Other Male / Female

What year did you graduate High School? _____ or receive your GED? _____

NAME OF COLLEGE OR UNIVERSITY: _____

Address of Financial Aid Office: _____
Street City State Zip

MAJOR: _____ Phone No. (_____) _____

Year of expected graduation: _____ (AAS) (ASSOC) (BA) (BS) (OTHER) _____

CLASSIFICATION: Freshman Sophomore Junior Senior TOTAL CREDIT HOURS EARNED _____
(Estimate if you do not know)

Have you previously received educational funding from this tribe? _____

If yes, when? _____

STATEMENT OF EDUCATION PURPOSE: _____
Date or Term What Program

- I declare that I will use the funds I receive from the Absentee Shawnee Tribe EIAP for expenses connected with attendance at the college or university selected above.
- I request that any tribal funds awarded to me will be delivered to the financial aid office of my selected institution.
- I understand that I must provide an OFFICIAL TRANSCRIPT to the AST Education Office each semester.
- I understand that I must submit a new schedule each semester.
- I consent to the release of information to/from necessary agencies to complete my application or financial package.
- I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Student _____ Date _____

OFFICIAL USE BELOW THIS LINE

Note:

Date Application Received