



DELAWARE TRIBE OF INDIANS

170 NE Barbara ~ Bartlesville, OK 74006

TELEPHONE: (918) 337-6595 – FAX: (918) 337-6591

Limit: One request per fiscal year (per academic school year)
per Registered Tribal Member for

EDUCATIONAL ASSISTANCE (**6th Grade & UP**)

Educational Assistance can be used for expenses related to school such as graduation expenses, ACT exams, summer school (if required for graduation), class rings, yearbooks, books, classroom materials, etc.

Application Procedure:

1. Complete application
2. Return application to the Education Department
3. **ORIGINAL RECEIPT** of purchased Educational Assistance
4. Copy of applicant's Delaware Registration Card, (**NO EXCEPTIONS, CANNOT USE PARENT'S REGISTRATION CARD**)

The application will be reviewed at the next regularly scheduled monthly Education Committee meeting. If approved, a check for the amount of the submitted expense (not to exceed \$50.00) will be mailed to the registered tribal member or the registered tribal member's parent.

Applications are approved on a case-by-case basis.

Only Registered Delaware Tribe of Indians members are eligible for services.*

Non-registered tribal members are not eligible!

ANY registered tribal member of the Delaware Tribe of Indians purposely attempting to defraud the Education Committee will 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).

EDUCATIONAL

Educational assistance must be used for expenses **required for school** such as:

- School supplies (grades 6 and up)
- Graduation expenses
- ACT exams
- Class rings
- Yearbooks
- Books and tuition
- Summer school (only if required for graduation)



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EDUCATIONAL ASSISTANCE REQUEST
(6th GRADE & UP)

(Annual limit of \$50.00 per registered Tribal member per academic school year)

Full Name:

Last

First

M.I. Maiden

Address: _____

City: _____ **State & Zip** _____

Telephone:() _____ **Tribal Registration Number:** _____

Date of Birth: _____ **SSN:** _____ - _____ - _____
MM/DD/YYYY

School: _____

ATTACH ORIGINAL RECEIPTS AND ANY OTHER SUPPORTING DOCUMENTATION TO APPLICATION

**All of the information on this form is true and complete 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** **Signature of parent/guardian** **Date**

TO BE COMPLETED BY EDUCATION COMMITTEE

Request approved by: _____

Date approved: _____ **Amount approved:** _____

Request denied by: _____

Reason for denial: _____

Date paid: _____ **Check number:** _____