

**COMANCHE NATION
OFFICE OF HIGHER EDUCATION**

Renewal College Scholarship Application



**Comanche Nation Office of Higher Education
P.O. Box 908
Lawton, OK 73502**

**PHONE: (580) 699-7218
FAX: (580) 492-4017**

highered@comanchenation.com

You must have your renewal application turned in to the Higher Education Office by the deadlines.

- **FALL JUNE 1**
- **SPRING OCT 1**

We will need the following documents:

- **OFFICIAL COLLEGE TRANSCRIPT (should be mailed directly to us)**
 - **ENROLLMENT SCHEDULE FOR THE UPCOMING SEMESTER**
 - **FINANCIAL NEED ANALYSIS for the next whole Academic Year**
1. **Please remember to renew your FAFSA online after you file your taxes.** Do not forget to use your PIN number to update your FAFSA online for the next Academic Year.
 2. **Complete the part of the FINANCIAL AID NEED ANALYSIS (FNA) form in the section which states “to be completed by the student.”** Once you fill this portion out, you may provide it to your Financial Aid institution to fill out their portion. The FNA cannot be completed by the College/University until you have completed the Free Application for Federal Student Aid (FAFSA) and signed electronically with your PIN Number.
 3. Please make arrangements to have your **OFFICIAL TRANSCRIPT** sent to the Comanche Nation Office of Higher Education after your grades have been posted for the Academic year.

If you have any questions, please do not hesitate to contact us. Applications can be faxed to (580) 492-4017, emailed to highered@comanchenation.com or can be mailed to the following address:

Comanche Nation Office of Higher Education
P.O. Box 908
Lawton, OK 73502

Or

Deliver to:

Dorothy Lorentino Education Center
1608 SW 9th Street
Lawton, OK 73502

PRIVACY STATEMENT

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFT Part 99) is a Federal Law that protects the privacy of the student education records. The law applies to recipients that receive Federal funding for educational purposes. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.



*In accordance with the FERPA Law: The Comanche Nation Higher Education will discuss information with the student applying for assistance **ONLY**.*

Please read The Family Educational Rights and Privacy Act (FERPA) law and sign the privacy statement located at the bottom of the Comanche Nation Scholarship Application.

Comanche Nation Scholarship Application

Check one:	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
Applying for:	<input type="checkbox"/> Fall & Spring <input type="checkbox"/> Fall only <input type="checkbox"/> Spring only <input type="checkbox"/> Fall Quarter <input type="checkbox"/> Winter Quarter <input type="checkbox"/> Spring Quarter	
Name:	Other names used:	
Address:	City	State Zip
Home Phone:	Cell:	Email:
SSN:	DOB:	Tribal Roll #
Have you ever received assistance from the Comanche Nation Office of Higher Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		
Applying for academic year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 If you are a graduate student what year? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
<input type="checkbox"/> Major:	<input type="checkbox"/> Undecided major:	<input type="checkbox"/> Full-Time (12 hrs. & above) <input type="checkbox"/> Part-Time: (11 hrs. or less)
Type of Degree you expect to receive: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Graduate _____		
Credit hours earned to date: _____ Year and month you expect to graduate 20 _____ Month _____		
List Grants, Scholarships, and/or Loans you have applied for:		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you eligible for any benefits?		
Have you completed the Free Application for Federal Student Aid (FAFSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for admission to college? <input type="checkbox"/> Yes <input type="checkbox"/> No What college/University? _____
Please carefully read, sign and date ALL 3 of the following statements:		
The information contained in this application is correct and true to the best of my knowledge. I understand that any scholarship/grant awards I receive are subject to nullification if I withdraw from classes or fail to maintain the required Grade Point Average (GPA) of 2.00.		
Applicant Signature		Date
I have read the <u>Guideline and Requirements</u> and understand the contents of the policies and do hereby agree to abide by all items listed.		
Applicant Signature		Date
Privacy Statement: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to recipients that receive Federal funding for educational purposes. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. In accordance with this, Comanche Nation Office of Higher Education will discuss student information with the student applying for assistance only. I have read the Privacy Statement and understand the contents and do hereby agree to abide by all items listed.		
Applicant Signature		Date

Scholarship Disclaimer

The Comanche Nation Summer School Higher Education Scholarship is **provided on a first-come first-serve basis**. Funding will **NOT** be provided unless the following criteria are met:

1. **A completed application with all required documents must be in the student's file:**
 - Application** – completed, signed and dated
 - CDIB** – Certificate of Indian blood verifying Comanche blood certified by the Comanche Nation enrollment office
 - Transcript** – Official only
 - Letter of Admission** – Official admittance to an accredited, post-secondary institutions by one of the regional agencies recognized by the Comanche Nation (for new admissions only)
 - Letter of Intent** – A personal letter stating why you want to attend college (signature and dated)
 - Enrollment Verification** – Submit a class enrollment schedule provided by the school of the semester you are requesting funding, showing the *name of the school, student name, classes, and total credit hours*. (Funding will not be released until our office receives this documentation)
 - Scholarship Disclaimer** – signed and dated
 - FERPA** – Federal Educational Rights Privacy Act (optional- this Federal form must be signed/dated each year when someone other than the student makes an inquiry about the students' scholarship. The student must designate the person(s) and the type of information that can be released)

2. **It is the student's responsibility to follow-up and ensure documentation was received by the Higher Education Office. Contact our office via:**
 - Email:** highered@comanchenation.com
 - Phone:** (580) 699-7218 **Fax:** (580) 492-4017

3. **The deadline dates are as follows: Applications received after deadline will NOT be funded.**
 - Summer – May 1 (dependent on funds available)

I have read and agree to the terms of this disclaimer and guidelines of CNHE Scholarship Application. I understand this scholarship is provided on a first-come first-served basis and all documentation must be submitted before funding is released. I understand that I must follow all scholarship guidelines or I could be placed on probation or suspension from the CNHE Scholarship.

Print Name

Signature

Date



COMANCHE NATION OFFICE OF HIGHER EDUCATION

P.O. Box 908 Lawton, OK 73502
 Phone: (580) 699-7218 · Fax: (580) 492-4017

FINANCIAL AID NEED ANALYSIS FORM (FNA)

To be completed by the student:

Name: _____ Tribal # _____
 Address: _____ SSN: _____
 _____ Home Phone: _____
 Email: _____ Cell: _____

Applying for: Fall & Spring Fall only Spring only Fall Quarter Winter Quarter Spring Quarter

I am classified as a: Graduate Senior Junior Sophomore Freshman

My Major in college is: _____ or I have not decided my Major yet.

PLEASE SIGN: I authorize the release of my academic & financial information to the *Comanche Nation Office of Higher Education*:

Student Signature: _____ Date: _____

NOTE: You must complete the “Free Application for Federal Student Aid” (FAFSA/PELL)

Please send FNA to the Financial Aid Office at your college

To be completed by your college Financial Aid Office:

1. Complete the FNA only after a student has submitted the required financial aid forms (i.e., FAFSA, etc.)
2. Please do not consider loan eligibility when calculating resources (awards).
 - a. We prefer that our students use their Pell/Tribal funds before they take out student loans.
 - b. If loans are figured into the total resources (awards) the unmet need will be zero and we can only fund a student’s unmet need.
3. Send original to the Comanche Nation Office of Higher Education. To speed up the payment process, a faxed copy will suffice until the original arrives.

Student Expenses		RESOURCES			
Tuition/Fees	\$	Family Contribution	\$	PELL	\$
Books	\$	Student Contribution	\$	SEOG	\$
Room/Board	\$	Veterans Benefit	\$	CWSP	\$
Transportation	\$	Other	\$		
Personal	\$				
Other	\$				
Total Student Expenses	\$	- Total Resources	\$	= Unmet Need	\$

STUDENT NEED recommended for the Comanche Scholarship = \$ _____

Student is: Full-Time Part-Time Other _____

Comanche Scholarship will cover expenses for the period: Month _____ Year _____ **TO** Month _____ Year _____

Signature of Financial Aid Officer _____ Institution _____

Address _____ Phone _____ Date _____



**COMANCHE NATION HIGHER EDUCATION
Student Request to Share Information & FERPA Waiver**

Your educational records are confidential, protected by the Family Educational Rights and Privacy Act (FERPA). We cannot release this information to anyone other than you without written authorization. This form is designed you to authorize us to release information to the person(s) or organization(s) listed below.

_____ Student Name (Please Print)

_____ CDIB

I understand that the Family Education Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational and financial records and limits access to the information contained in those records. _____
(Initial here)

I authorize CNHE to release any or all of my educational and financial records to the individual (s)/organization(s) listed below.

OR

I authorize CNHE to release only the following information:

(i.e. grades, transcripts, enrollment/attendance records, accounting, and financial aid information results of disciplinary proceedings)

Parents, guardians, or family members to whom my records may be released *(These individuals will be required to provide proof of identification before information can be released):*

Name: _____
Relationship to student: _____ Last 4 digits of SS# _____ Date of Birth _____
Address and Telephone #: _____

Name: _____
Relationship to student: _____ Last 4 digits of SS# _____ Date of Birth _____
Address and Telephone #: _____

Other persons, agencies, institutions or organizations to whom my records may be released *(Please include name of organization and contact person, address, and telephone number):*

I understand that:

1. I have the right not to consent to the release of my educational and financial records;
2. This consent shall remain in effect until I submit a written request to cancel this authorization.
3. This form must be renewed yearly.

_____ Date _____ Print Name of Student _____ Student's Signature _____

For this form to be validated for CNHE use, it must be completed and sent to the Higher Education department.
By mail: Comanche Nation Higher Education In person: Comanche Nation Education Center
P.O. Box 908 1608 S.W. 9th Street
Lawton, OK 73502 Lawton, OK 73502

Email: highered@comanchenation.com

For office use only:
Received and logged by CNHE (staff initial and date:) _____