COMANCHE NATION OFFICE OF HIGHER EDUCATION

Summer College Scholarship Application

This application applies to summer school funding ONLY



P.O. Box 908 Lawton, OK 73502

Phone: (580) 699-7218

Fax: (580) 492-4017

highered@comanchenation.com

Summer School Guidelines and Requirements

The Comanche Nation Higher Education (CNHE) Scholarship is designed to assist students who are seeking an undergraduate o
a graduate degree from a college/university.
For summer scholarship assistance, graduates and seniors will be given first priority and are dependent on funds available,
however, all Comanche students are encouraged to apply.
The <u>deadline</u> to turn in the summer school application is <u>May 31st</u> .
The summer scholarship is provided on a first-come, first-served basis.
This summer scholarship is a separate application from the annual school year application. This application only applies to
summer school funding ONLY.
All documentation must be submitted before funding is released.

Eligibility Requirements

- ✓ Must provide proof of tribal membership (Comanche Tribal Enrollment Verification Form)
- ✓ Must be admitted for enrollment to an accredited institution of higher education

Students

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Students approved and receiving scholarship assistance from the Comanche Nation Higher Education must maintain an

Probation or Suspension Guidelines

☐ A students will be placed on **probation** when:

o A student earns less hours than the number of hours they were funded for or

for specifics, no information will be released from the CNHE office.

- o A students' GPA is below a 2.00
- Students have one semester to either pass with a 2.00 GPA or greater for the number of hours they were funded of the semester they became on probation.
- o For example, if you did not pass 12 hours in the Fall then you would be put on probation for the Spring semester. During the Spring semester you must pass 12 hours or more with at least a 2.00 GPA for all courses taken. If you do not pass the 12 hours you will be placed on suspension from the scholarship program.

After the summer semester, students are required to send their official transcript before funds can be released for the fall semester.

- Students must meet the requirement of the scholarship by the end of the probationary period or the student will be suspended from the scholarship.
- A student placed on <u>suspension</u> is required to go through a reinstatement process to be eligible to receive financial assistance from the CNHE Scholarship.
 - o To be reinstated to the program after suspension, a student must earn at least 12 credit hours with a 2:00 GPA or higher on their own without tribal assistance.

Comanche Nation Summer Scholarship Application

Total credit hours student expects to take:	Full-time:	Part-time:		
Name of University/College for Summer Session:				
Name:	Other names used:			
Address:	City	State Zi	p	
Home Phone: Cell:	Email:			
SSN: DOB:	Tribal Roll #			
Have you ever received assistance from the Comanche Natio	on Office of Higher Educati	on? ☐ Yes ☐No If yes, when?	_	
Current academic year: □ 1 □ 2 □ 3 □ 4 □ 5 If y	ou are a graduate student v	what year? \Box 1 \Box 2 \Box 3 \Box 4		
Major: Minor:		Undecided major		
Type of Degree you expect to receive: ☐ Associate ☐	Bachelor Gradu	nate		
Credit hours you expect to take for summer session:	Expected graduat	ion: Year Month		
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.				
Signature		Date		
I have read the Guideline and Requirements and understand the contents of the policies and do hereby agree to abide by all items listed. 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.				
Signature		Date		

Scholarship Disclaimer

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

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	file:						
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	ч	CDIB – Certificate of Indian blood verifying	g Comanche blood cer	tified by the Comanche Nation			
		enrollment office Transcript – Official only					
			anaa ta an aaaradita	d nest secondary institutions by			
		Letter of Admission – Official admitt one of the regional agencies recognized	by the Comanche Na	ation (for new admissions only)			
		Letter of Intent – A personal letter sta					
		Enrollment Verification – Submit a semester you are requesting funding, sh	owing the <i>name of th</i>	he school, student name, classes,			
		and total credit hours. (Funding will not be		receives this documentation)			
		Scholarship Disclaimer – signed and					
	ч	FERPA – Federal Educational Rights P year when someone other than the student make					
		designate the person(s) and the type of informati		udents scholarship. The student must			
2.	It	is the student's responsibility to	follow-up and e	nsure documentation was			
	re	ceived by the Higher Education (Office. Contact o	our office via:			
		Email: highered@comanchenation.com					
		Phone: (580) 699-7218		80) 492-4017			
3⋅	. The deadline dates are as follows: Applications received after deadline wi						
	N	OT be funded.					
		Summer – May 31st (dependent on funds ava	ilable)				
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T 1			····				
		and agree to the terms of this discla					
		. I understand this scholarship is pr					
		ion must be submitted before fundi hip guidelines or I could be placed o	•				
Scholars		1 0	ii probation or su	ispension from the CNHE			
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Print	Na	me Sig	gnature	Date			

Certificate of Degree of Indian Blood (CDIB) Request Form

Dear STUDENT:

To complete your CDIB requirement, please <u>fill out this form AND provide a copy of your CDIB card</u>. Please fill out to the best of your knowledge, sign, and send form to:

COMANCHE NATION ENROLLMENT OFFICE P.O. BOX 908 LAWTON, OK 73502

OR

You may submit your form to our office and we will forward this form to the Office of Enrollment.

The Comanche Nation Office of Higher Education is requesting a CDIB for all students applying for scholarships.					
The following information is herewith submitted:					
NAME:	ROLL #:				
ADDRESS:					
CITY:	STATE: ZIP:				
DOB:	SSN:				
SPOUSE'S NAME:	ROLL:				
FATHER'S NAME:	ROLL:				
MOTHER'S NAME:	ROLL:				
MOTHER'S MAIDEN NAME:					
SIGNATURE:	DATE:				
FOR ENROLLMENT OFFICE USE ONLY:					
Please sign to verify the information provided is true and correct. Thank you.					
SIGNATURE: DATE:					

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**.



COMANCHE NATION HIGHER EDUCATION

Student Request to Share Information & FERPA Waiver

this inj	ducational records are confidential, protected by formation to anyone other than you without your e information to the person(s) or organization(s)	written authorization. Th		
	Student Name (Please print)		CDIB #
	rstand that the Family Educational Rights and Pr ional and financial records and limits access to th		in those records.	
_ (I authorize CNHE to release any or all of my ed OR I authorize CNHE to release only the following		records to the indiv	ridual(s)/organization(s) listed be low.
(i.e. g)	rades, transcript, enrollment/attendance record	ds, accounting and finan	cial aid informatio	n, results of disciplinary proceedings)
	es, guardians, or family members to whom my fication before information can be released):	records may be released	(These individual.	s will be required to provide proof of
Relatio	onship to Student:ess & Telephone #:	Last 4 digits of S	SS#:	Date of birth:
Relation	onship to Student:ess & Telephone #:	Last 4 digits of S		Date of birth:
	person(s), agency(ies), institution(s) or organization and contact person, address, and teleph		cords may be releas	sed (Please include name of
I unde 1 2 3	. This consent shall remain in effect until	•		
Da	nte Print Name o	of Student		Student's Signature
For th By ma	nis form to be validated for CNHE use, it nail: Comanche Nation Higher Edu P.O. Box 908 Lawton, OK 73502			manche Nation Education Center Street
Email	: highered@comanchenation.com	For office was	a nl es	
	Received and logged	For office use delay CNHE (staff initial)		