NAME: MAIDEN: (LAST) (FIRST) (MI)

SOCIAL SECURITY #: - - CELL PHONE:

ADDRESS:

 (STREET) (CITY) (STATE) (ZIP)

SCHOOL: EMAIL:

** Fall  Spring  Summer Year:**

** College  Vocational  GED/Adult High School Diploma**

**\*All college/vocational applicants must have current JTAEP, EIAP, or Graduate Scholarship on file\***

**Please check all that apply:**

**Educational Supports:**

** Tuition  GED Test Voucher - 4 Tests**

** Fees  GED Test Voucher - 1 Test**

** Textbooks  GED Prep (options available)**

** Tools Education Incentives:**

** Basic School Supplies  Fuel/Gas ($50.00 weekly)**

** Utility (internet)  Academic Success**

** Other:**

** Computer/Printer (one time only) (Gift card up to $500.00 at Walmart/Best Buy)**

STATEMENT OF PURPOSE:

* I declare that I will use the funds from the Absentee Shawnee Tribe ARPA EISP for expenses connected with the attendance at the college, university, or online educational institution I currently attend.
* I request that any ARPA EISP funds awarded to me for tuition 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 Department for the semester I received ARPA EISP tuition assistance.
* I consent to the release of information to/from necessary education institutions and agencies to complete my application or financial assistance.
* I hereby certify that the above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_