

ABSENTEE SHAWNEE TRIBE OF OKLAHOMA
EDUCATION DEPARTMENT
2025 S. GORDON COOPER DRIVE
SHAWNEE, OKLAHOMA 74801
(405) 275-4030 1-800-256-3341 FAX (405) 273-7938

GRADUATE STUDENT DATA SHEET

STUDENT NAME _____ SSN _____
(Last-----First-----Middle-----Maiden)

ADDRESS _____
(Street-----City-----State-----Zip)

I release the information needed to the Absentee Shawnee Tribe Education Office in order to complete my scholarship application.

Signature

Date

TO: Office of Student Financial Aid

The above named student submitted an Absentee Shawnee Tribe of Oklahoma Higher Education application for the Education Incentive Award Program (EIAP). Please provide the following information and return to the address above as soon as possible.

ACADEMIC TERM _____, 20_____
STUDENT STATUS Full-time/Part-time
(Circle One)

Tuition/Fees \$ _____
Room/Board _____
Books/Supplies _____
Per/Misc./Trans. _____
Other _____
TOTAL EXPENSES _____

Name & Title Signature Date

College Name & Address

Telephone (Include Area Code)