

KICK

Kickapoo Education Program
 1107 Goldfinch Rd.
 Horton, Kansas, 66439
 1-877-864-2822 fax 785-486-3301

KANSAS**APPLICATION**

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

Name: _____ Social Security No.: _____
 Last *First* *Middle* *Maiden*

Address: _____ Telephone: _____
 Street *City* *State* *ZIP Code*

Date of Birth: _____ Sex: _____ Marital Status: Single Married Divorced Separated

No. of Dependents: _____ Veteran Yes No State of Residency: _____

Tribal Affiliation: _____ Enrollment Number: _____

Home Agency & Address: _____

Name & Address of High School: _____

Type of High School: BIA Tribal Private Mission Public GED Graduation/GED Date: _____

APPLICATION REQUEST: 20____ 20____

Academic Year Spring Only Fall Only Summer Full-Time Part-Time

Name & Address of College Selected: _____

College Major: _____ Expected Graduation Date: _____

Expected Degree: AA BA BS MA Other _____

Year in College: Freshman Sophomore Junior Senior Graduate

I will live: On Campus Off Campus With Parents Have you received a BIA Grant before? Yes No

If yes, what years? _____ Number of Semester Hours earned: _____ Quarter Hours: _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with attendance at:

Name of Institution: _____

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any BIA grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Kickapoo Tribe in Kansas, Education Programs' Coordinator, at the end of each academic term.

Signature of Student: _____ Date: _____

FOR AGENCY USE ONLY:

- Area/Agency 4/Degree of Indian Blood Inelig. App. Code Tribal Code
 Student Status Code Quarters/Semesters Funded

DISTRIBUTIONS: ORIGINAL - KICKAPOO ED. PROG. CANARY - STUDENT PINK - FAO

INSTRUCTIONS FOR BIA HIGHER EDUCATION APPLICATIONS

It is very IMPORTANT that the following steps be followed in completing this application. Provide ALL of the information to the best of your knowledge, and have it properly signed.

Failure to complete the application may cause a delay in processing or no funding.

After the application has been properly completed and signed, YOU MUST complete Part 1 of the REVERSE SIDE of this instruction sheet and attach it to the college copy and mail it to the Financial Aid Office at the college of your choice.

All financial aid information and correspondence should be directed to the Program office identified below:

(AGENCY OR TRIBE FILL APPROPRIATE MAILING ADDRESS BELOW)

Kickapoo Tribe in Kansas
Edt Kickapoo Education Program tor
1107 Goldfinch Road
Horton, Kansas 66439
1-877-864-2822-Phone
Fax- 1-785-486-3301

All students must reapply for each academic year and for each summer session.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

GENERAL

This information is provided pursuant to Public Law 93 - 579 (Privacy Act of 1974) . December 31, 1974

AUTHORITY

The Bureau of Indian Affairs, Office of Indian Education Programs, Higher Education Grant Program operates an educational system under the general authority of 25 U.S.C. 13. 42 Stat. 208, Public Law 67-86 with specific authority contained in 25 CFR Part 40. Administration of Educational Loans, Grants and other Assistance for Higher Education.

PURPOSES AND USES

In accordance with the accountability required for the Administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

EFFECTS OF NONDISCLOSURE

Although furnishing personal information to this office is purely voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility in obtaining higher education grant assistance under this program.

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CERTIFICATE OF AGREEMENT

I hereby acknowledge, that I have received funds to be allocated toward an educational program initiated by myself and approved through the application process for assistance under the Kickapoo Education Program. This assistance is available to members enrolled with the Kickapoo Tribe in Kansas. It is the goal of the Kickapoo Tribe in Kansas to educate its members and make this service available to everyone provided they remain in good standing.

This service includes; but is not limited to, College Classes, Workshops, Short Term Certification Programs and GED/Alternative H.S. Diploma Programs. Currently, Internet Classes are not classified under classroom training for payment assistance.

I understand that if I fail to complete the program without good cause, I am obligated to repay all funds received from this program in a timely manner. Repayment can be made through either one lump sum payment or through an approved repayment agreement. If I cannot make payment or defer from the approved repayment agreement, I agree to a voluntary release of per capita funds to cover repayment of the education funding.

Student Signature _____ Date _____

(Please Print) Name _____
Address _____

*KTIK Education Program Office Use
Tribal Member Applicant Status:*

Adult Education _____ *Tribal Supplemental* _____
Vocational Education _____ *Master's Program* _____
Higher Education _____

Program Director _____ *Date* _____

