

HIGH SCHOOL SENIOR FELLOWSHIP FUND APPLICATION

Seneca-Cayuga Tribal Claims Committee

23701 South 655 Road (Hwy 10)
Grove, Oklahoma 74344



Tel: (918) 786-5576
Fax: (918) 786-9245
*DO NOT Mail if Faxing Application

Date: _____

Student Name: _____

Roll #: _____

Mailing Address: _____

Phone #: _____

Name and Address of School

City

State

Zip

I am requesting High School Senior Fellowship Funds for the above named student for the school year of **2009-2010**.

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Claims Committee of any change in the above information.

*Name of Student Please Sign and Print

Date

A complete application package must be submitted in a timely manner for each student for whom funds are sought. Only complete application packages will be reviewed and processed, an application package for High School Senior Fellowship Funds is not considered complete unless copies of the following documents are attached:

1. Student Tribal Membership Card.
2. Letter of estimated graduation date from school.
3. Graduation items receipts for purchased/orders.

STATEMENT OF UNDERSTANDING

I have read and understand the Seneca-Cayuga Claims Committee Guidelines for the High School Senior Fellowship Fund program and agree to comply with all stated requirements.

*Applicant Signature

Date

***** FOR CLAIMS COMMITTEE USE ONLY *****

Date: _____ Action Taken: Approved _____ Denied _____ Hold _____

Year of Funding: _____ Hours Enrolled _____ GPA _____

Remitted To: _____

Check #: _____ Amount: _____

Approval: SL _____ RB _____ LS _____ SWO _____ PB _____