

RENEWAL EDUCATION 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 #: _____

Contact Person: _____

Phone #: _____

Address: _____

University or College

City

State

Zip

Expected Graduation Date: _____ Major: _____

Indicate semester that you are enrolled for which funds are sought:

Fall _____ Spring _____ Summer _____

Indicate student classification during this semester:

Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student _____

Length of time required for program of study: _____

Length of time remaining in program of study: _____

CERTIFICATION

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.

STATEMENT OF UNDERSTANDING

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

Applicant/ Student 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 _____