

# Education Fellowship Fund Application

Seneca-Cayuga Tribal Education Department



23701 South 655 Road, Hwy 10  
Grove, OK 74344  
Email: [cbrown@sctribe.com](mailto:cbrown@sctribe.com)  
[mmorris@sctribe.com](mailto:mmorris@sctribe.com)

Phone (918) 787-5452  
Fax (918) 787-5521  
Toll Free (866) 787-5452

Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Roll #: \_\_\_\_\_ SS# \_\_\_\_\_ Student ID \_\_\_\_\_

Phone: \_\_\_\_\_ Alt #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Application is for: Fall: \_\_\_\_\_ spring: \_\_\_\_\_ summer: \_\_\_\_\_

Expected Degree: Associate: \_\_\_\_\_ Bachelor: \_\_\_\_\_ Masters: \_\_\_\_\_ other: \_\_\_\_\_

Indicate Student classification during this semester:

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate Student \_\_\_\_\_

Please specify amounts/length for the following

Enrolled in: \_\_\_\_\_ College Credits \_\_\_\_\_ Clock Hours Training \_\_\_\_\_ Weeks/Months Training \_\_\_\_\_

Have you received a Tribal Grant before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what years? \_\_\_\_\_

Number of Semester Hours earned: \_\_\_\_\_ Quarter Hours: \_\_\_\_\_ Funded: \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

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 Education Department of any change in the above information.

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

---

Applicant/Student Signature

Date

## PREMISSION FOR RELEASE OF INFORMATION

I, the undersigned student of this University/College/Vo-Tech/Trade School do hereby give my permission for the release of academic information to the Seneca-Cayuga Tribal Education Department for Tribal Fellowship Funds. This shall include, but limited to; enrollment status, grade reports, student classification and number of hours completed and enrolled.

---

Applicant/Student Signature

Date