

**Comanche Nation Higher Education
Job Placement & Training**

**Associate of Applied Science Scholarship
Application**



Mailing Address: Comanche Nation Higher Education
P.O. Box 908 Lawton, OK 73502
Office: 580.360.0526
Email: highered@comanchenation.com



AAS Scholarship Disclaimer

The Comanche Nation Higher Education Associate of Applied Science Scholarship is **provided on a first-come, first-serve basis**. Funding will **NOT** be provided until the following criteria are met:

1. **Eligibility Requirements**
 - ☐ Must be an enrolled Comanche Nation tribal member.
 - ☐ Must have a “financial need” determination by school’s Financial Aid office.
 - ☐ Must be admitted to an **accredited institution**.
2. **Complete an application along with all of the following required documents:**
 - ☐ CDIB
 - ☐ **Official Transcript** – Official high school or previous college you attended.
 - ☐ **Letter of Admission** – Official admittance to an accredited, post-secondary institution. **(NEW or TRANSFER students only.)**
 - ☐ **Letter of Intent** – **A SIGNED AND DATED** letter stating why you’re attending college.
 - ☐ **Enrollment Schedule** – This must show the school’s name, student’s name, classes, and total credit hours.
 - ☐ **Official Verification of A.A.S. degree** – A printed version of your degree plan. This will include the degree you are seeking and how many credit hours are required for completion.
 - ☐ **Financial Aid Need Analysis (FNA)** – Students must complete the Free Application for Federal Student Aid (FAFSA) in accordance with the Federal and school policies.
 - It is the student’s responsibility to submit the FNA to the college/university Financial Aid Office every academic year or semester.
 - This document must be prepared and forwarded by your school’s Financial Aid Office.
3. **It is the student’s responsibility to follow-up and ensure documentation was received by the Higher Education Office. Contact our office:**
 - ☐ **Email:** highered@comanchenation.com
 - ☐ **Phone:** (580) 360-0526
4. **The **deadline dates** are as follows:**
 - ☐ Fall Semester – June 1
 - ☐ Spring Semester – October 1
 - ☐ Summer – May 1 (If funds are available)

After each semester, students are **required** to send a **renewal application**, **official transcript** and **class schedule for the next semester** before funds will be released for the next semester.

I have read and agree to the terms of this disclaimer. I understand this scholarship is provided on a first-come first-served basis, and all documentation must be submitted before funding is released. I understand that **I must meet the deadline** for my scholarship to be funded.

Print Name

Signature

Date

**COMANCHE NATION HIGHER EDUCATION
ASSOCIATE OF APPLIED SCIENCE APPLICATION**

STUDENT INFORMATION:

PLEASE PRINT

Name: _____

Tribal # _____

Address: _____

D.O.B. ____/____/____

City, State, Zip: _____

SSN: _____

Email: _____

Phone: _____

ACADEMIC INFORMATION:

PLEASE PRINT

Semester applying for: ☐ Fall & Spring ☐ Fall only ☐ Spring only ☐ Fall Quarter ☐ Winter Quarter ☐ Spring Quarter

College/Institution: _____ Major: _____ Classification: ☐ Freshman ☐ Sophomore

Student status: ☐ Full-time (12 or more credit hours): _____ ☐ Part-time (Less than 12 credit hours): _____

Credits earned to date: _____ Anticipated Graduation Date: Month _____ 20 _____

Have you received assistance from the Comanche Nation Office of Higher Education? ☐ Yes ☐ No If yes, when? _____

Have you completed the Free Application for Federal Student Aid (FAFSA)? ☐ Yes ☐ No

Applicant Signature

Date

JP&T Specialist Signature

Date

FOR HIGHER EDUCATION OFFICE USE ONLY:

- | | |
|---|---|
| <input type="checkbox"/> Current Photo ID | <input type="checkbox"/> Class Enrollment Schedule |
| <input type="checkbox"/> CDIB Card | <input type="checkbox"/> Financial Aid Need Analysis Form (FNA) |
| <input type="checkbox"/> Official High School/College Transcript | <input type="checkbox"/> Notarized Consent |
| <input type="checkbox"/> Letter of Intent (Written and signed by you) | <input type="checkbox"/> CDIB Request Form |
| <input type="checkbox"/> Letter of Acceptance (From the college/university) | <input type="checkbox"/> Scholarship Disclaimer |
| <input type="checkbox"/> Official Verification of AAS degree | |

**COMANCHE NATION HIGHER EDUCATION
ASSOCIATE OF APPLIED SCIENCE STATEMENT OF UNDERSTANDING**

PLEASE READ CAREFULLY BEFORE SIGNING AND DATING THE BELOW CONTRACT:

I, _____ confirm that I have read the statements below and will abide by them if accepted as a student on the JP&T program.

I have read the **Guidelines and Requirements** and understand all contents of the policies and do hereby agree to abide by all items listed.

I agree to notify the Comanche Nation Higher Education of any change in contact information. I also agree to provide a copy of my diploma and final transcript upon graduation.

I understand that if I am placed on probation/suspension by the school/institution, I am also considered on probation by the JP&T program. Financial assistance will only be provided as long as I observe the rules and guidelines. I understand that any scholarship/grant awards I receive are subject to nullification if I withdraw from classes or fail to maintain the required Grade Point Average (GPA) of 2.00. Furthermore, if I do not meet the suspension and probation requirements for the reinstatement process, I understand that I can be subject to termination from the program. I also acknowledge that I must get prior approval from the Director of Higher Education before withdrawing from any class.

I acknowledge that students are personally responsible for their own housing arrangements, deposits or fees that are required for admission purposes. Therefore, I understand that I must make sure I have made arrangements for deposits/fees before school begins

I hereby confirm that the information contained in this application is correct and true to the best of my knowledge.

PRIVACY STATEMENT: *The Family educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g: 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to recipients that receive Federal funding for educational purposes. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. In accordance with this, the Comanche Nation Higher Education department will only discuss student information with the student applying for assistance.*

I have read and fully understand the Associate of Applied Science Statement of Understanding. I agree that no financial scholarship will be provided until the Director of Higher Education has certified my application and I receive an award letter from the Comanche Nation Higher Education office.

Applicant Signature

Date

JP&T Specialist Signature

Date



COMANCHE NATION OFFICE OF HIGHER EDUCATION

P.O. Box 908 Lawton, OK 73502

Phone: (580) 360-0526

FINANCIAL AID NEED ANALYSIS FORM (FNA)

JOB PLACEMENT AND TRAINING: ASSOCIATE OF APPLIED SCIENCE

To be completed by the student:

Name: _____ Tribal # _____
Address: _____ SSN: _____
Email: _____ Home Phone: _____
Cell: _____
Applying for: ☐ Fall & Spring ☐ Fall only ☐ Spring only ☐ Fall Quarter ☐ Winter Quarter ☐ Spring Quarter
Classification: ☐ Freshman ☐ Sophomore A.A.S. degree: _____

NOTE: You must complete the “Free Application for Federal Student Aid” (FAFSA/PELL)

Please send FNA to your school’s Financial Aid Office

To be completed by your college Financial Aid Office:

1. Complete the FNA after a student has submitted the required financial aid forms (i.e., FAFSA, etc.)
2. Please do not consider loan eligibility when calculating resources.
 - a. We prefer that our students use Financial Aid/Tribal funds before they take out student loans.
 - b. If loans are figured into the total resources, the unmet need will be zero and we can only fund a student’s unmet need.
3. Send original document to the Comanche Nation Office of Higher Education. To speed up the payment process, a faxed copy will suffice until the original arrives.

Student Expenses		RESOURCES			
Tuition/Fees	\$	Family Contribution	\$	PELL	\$
Books	\$	Student Contribution	\$	SEOG	\$
Room/Board	\$	Veterans Benefit	\$	CWSP	\$
Transportation	\$	Other	\$		
Personal	\$				
Other	\$				
Total Student Expenses	\$	– Total Resources	\$	= Unmet Need	\$

STUDENT NEED recommended for the Comanche Scholarship = \$ _____

Student is: ☐ Full-Time ☐ Part-Time

Comanche Scholarship will cover expenses for the period: Month _____ Year _____ TO Month _____ Year _____

Financial Aid Officer _____ Institution _____

Address _____ Phone _____ Date _____

Certificate of Degree of Indian Blood (CDIB) Request Form

Dear **STUDENT**:

To complete your CDIB requirement, please fill out this form AND provide a copy of your CDIB card. Please fill out to the best of your knowledge, sign, and send form to:

COMANCHE NATION
ENROLLMENT OFFICE
P.O. BOX 908
LAWTON, OK 73502

OR

You may submit your form to our office and we will forward this form to the Office of Enrollment.

The Comanche Nation Office of Higher Education is requesting a CDIB for all students applying for scholarships.

The following information is herewith submitted:

NAME: _____ ROLL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SSN: _____

SPOUSE'S NAME: _____ ROLL: _____

FATHER'S NAME: _____ ROLL: _____

MOTHER'S NAME: _____ ROLL: _____

MOTHER'S MAIDEN NAME: _____

SIGNATURE: _____ DATE: _____

FOR ENROLLMENT OFFICE USE ONLY:

Please sign to verify the information provided is true and correct. Thank you.

SIGNATURE: _____ DATE: _____