

COMANCHE NATION OFFICE OF HIGHER EDUCATION

Concurrent Enrollment Scholarship Application



P.O. Box 908

Lawton, OK 73502

Phone: (580) 360-0526

E-Mail: highereducation@comanchenation.com

Concurrent Enrollment Scholarship Information-

The Comanche Nation Higher Education Office provides scholarships for high school students that are preparing for a college degree.

In accordance to state guidelines: high school seniors who meet the eligibility requirements are entitled to receive tuition waivers for up to 18 credit hours and high school juniors can receive tuition waivers up to 9 credit hours. A high school student may enroll in a combined number of high school and college courses per semester not to exceed a full-time college workload of 19 semester credit hours. For more information on Concurrent Enrollment, please visit [OKcollegestart - Concurrent Enrollment](#)

Eligibility Requirements

- An enrolled member of the Comanche Nation
- High School Junior or Senior
- Enrolled in General Education courses at an accredited college or university

Benefits of the Concurrent Enrollment Scholarship

- Tuition and fees covered
- Book and instructional materials covered

New Student Requirements

- **Application**
- **Official Transcript** – most recent high school transcript (unofficial copies are not accepted)
- **Enrollment Schedule**
- **Balance Statement Form** - (must show the tuition and fees for the semester)
- **Cost of books** – (bookstore information, Amazon cart,)
- **Letter of Admission/Acceptance** – This is an official letter from the college/university stating that the student has been unconditionally accepted to the university.
- **Letter of Intent** (letter must be signed and dated)
- **CDIB Verification Form** – please complete the form and submit a copy of your CDIB

Continuing/Returning Students – students must apply each semester

- **Application**
- **Official transcript** – most recent college transcript (must show the grades from previously funded semester)
- **Enrollment Schedule**
- **Balance Statement Form** - (must show the tuition and fees for the semester)
- **Cost of books** – (bookstore information, Amazon cart,)

Application Deadlines

Fall Semester – June 1st	Spring Semester – October 1st
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Comanche Nation Concurrent Scholarship Application

Check One: ☐ New Application ☐ Returning Student

Applying for (check one):

- ☐ Fall & Spring
- ☐ Fall Only
- ☐ Spring Only
- ☐ Summer Only

- ☐ Fall Quarter
- ☐ Winter Quarter
- ☐ Spring Quarter

Name:		Other names used:	
Address:		City:	State: Zip:
Home Phone:		Cell Phone:	
Email:			
SSN:		DOB:	Tribal Roll #:
Classification: High School Junior High School Senior			
Current High School:			
Have you applied for admission to college? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What College/University do you plan to attend?			
College Major:		Minor:	
Credit Hours earned to date: _____			
Please carefully read the following information. Initial each box and sign at the bottom.			
The information contained in this application is correct and true to the best of my knowledge. 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 Initial _____			
I have read the <u>Guidelines and Requirements</u> and understand the contents of the policies and do hereby agree to abide by all items listed. Initial _____			
Student Signature:		Date:	
Parent/Guardian Name (please print):			
Parent/Guardian Signature:		Date:	

*** Scholarship Disclaimer ***

The Comanche Nation Higher Education Scholarship is provided on a first-come first-serve basis. Funding will **NOT** be provided unless the following criteria are met:

1. A completed application with all required documents must be in the student's file:

- ☐ **Application**
- ☐ **Transcript** – Official high school or college (unofficial copies are NOT accepted)
- ☐ **Balance Statement Form** – Statement from your college/university that shows your current balance and fees for the semester.
- ☐ **Cost of Books** – Book store print out showing cost of books. You may also use Amazon.
- ☐ **Enrollment Schedule** – Schedule must show how many credit hours you are enrolled in.
- ☐ **Letter of Admission** – Official Admittance to an accredited college/university.
- ☐ **Letter of Intent** – A personal letter stating why you want to attend college. Must be signed and dated.
- ☐ **CDIB Verification Form** – Complete the CDIB form and attach a copy of your CDIB card/letter.
- ☐ **Disclaimer Form** – must be signed and dated
- ☐ **FERPA Waiver** – Federal Educational Rights Privacy Act (optional – this Federal form must be signed/dated each year when someone other than the student makes an inquiry about the students' scholarship. The student must designate the person(s) and the type of information that can be released)

2. It is the student's responsibility to follow-up and ensure documentation was received by the Higher Education Office. Contact our office via:

Email: highereducation@comanchenation.com

Phone: (580) 360-0526

3. The deadline dates are as follows: Applications received after deadline will NOT be funded.

Fall Semester – Application Deadline June 1st

Spring Semester – Application Deadline October 1st

I have read and agree to the terms of this disclaimer and the guidelines of CNHE Scholarship Application. I understand this scholarship is provided on a first-come first serve basis and all documentation must be submitted before funding is released. I understand that I must follow all scholarship guidelines or I could be placed on probation or suspension from the CNHE Scholarship.

Print Name

Signature

Date



COMANCHE NATION HIGHER EDUCATION

Student Request to Share Information and FERPA Waiver

Your educational records are confidential, protected by the Family Educational Rights and Privacy Act (FERPA). We cannot release this information to anyone other than you without your written authorization. This form is designed to allow you to authorize us to release information to the person(s) or organization(s) designated below.

Student Name *(Please print)*

CDIB #

I understand that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational and financial records and limits access to the information contained in those records. _____

(Initial here)

☐ I authorize CNHE to release any or all of my educational and financial records to the individual(s)/organization(s) listed below.

OR

☐ I authorize CNHE to release only the following information:

(i.e. grades, transcript, enrollment/attendance records, accounting and financial aid information, results of disciplinary proceedings)

Parents, guardians, or family members to whom my records may be released *(These individuals will be required to provide proof of identification before information can be released):*

Name: _____

Relationship to Student: _____ Last 4 digits of SS#: _____ Date of birth: _____

E-Mail & Telephone #: _____

Name: _____

Relationship to Student: _____ Last 4 digits of SS#: _____ Date of birth: _____

E-Mail & Telephone #: _____

Other person(s), agency(ies), institution(s) or organization(s) to whom my records may be released *(Please include name of organization and contact person, address, and telephone number):*

I understand that:

1. I have the right not to consent to the release of my educational and financial records;
2. This consent shall remain in effect until I submit a written request to cancel this authorization.
3. This form must be renewed yearly.

Date

Print Name of Student

Student's Signature

For this form to be validated for CNHE use, it must be completed and sent to the Higher Education department.

By mail: Comanche Nation Higher Education
P.O. Box 908
Lawton, OK 73502

In person: Comanche Nation Higher Education
1003 C Avenue
Lawton, OK 73505

Email: highereducation@comanchenation.com

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: _____