

COMANCHE NATION
OFFICE OF HIGHER EDUCATION

Renewal College Scholarship Application



DEADLINES:

FALL JUNE 1
SPRING OCT 1

STUDENTS:

You must have your renewal application turned in to the Higher Education Office by the deadlines listed above.
We will need the following documents:

- **OFFICIAL COLLEGE TRANSCRIPT** (should be mailed directly to us)
 - **GRADES FOR PREVIOUS CLASSES**
 - **ENROLLMENT SCHEDULE FOR THE UPCOMING SEMESTER**
 - **FINANCIAL NEED ANALYSIS for the next whole Academic Year**
1. **Please remember to renew your FAFSA online after you file your taxes.** Do not forget to use your PIN number to update your FAFSA online for the next Academic Year.
 2. **Complete the part of the FINANCIAL AID NEED ANALYSIS (FNA) form in the section which states “to be completed by the student.”** Once you fill this portion out, you may provide it to your Financial Aid institution to fill out their portion. The FNA cannot be completed by the College/University until you have completed the Free Application for Federal Student Aid (FAFSA) and signed electronically with your PIN Number.
 3. Please make arrangements to have your **OFFICIAL TRANSCRIPT** sent to the Comanche Nation Office of Higher Education after your grades have been posted for the Academic year.

If you have any questions, please do not hesitate to contact us.
Applications can be emailed or mailed to the following addresses:

Comanche Nation Office of Higher Education
P.O. Box 908
Lawton, OK 73502

PHONE: 580-360-0526

E-MAIL: highered@comanchenation.com

PRIVACY STATEMENT

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFT Part 99) is a Federal law that protects the privacy of the 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 the FERPA Law:



The Comanche Nation Higher Education will discuss information with the student applying for assistance only.

Please read The Family Educational Rights and Privacy Act (FERPA) law and sign the privacy statement located at the bottom of the Comanche Nation Scholarship Application.

Comanche Nation Scholarship Application

Check one:	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
Applying for:	<input type="checkbox"/> Fall & Spring <input type="checkbox"/> Fall only <input type="checkbox"/> Spring only <input type="checkbox"/> Fall Quarter <input type="checkbox"/> Winter Quarter <input type="checkbox"/> Spring Quarter	
Name:	Other names used:	
Address:	City	State Zip
Home Phone:	Cell:	Email:
SSN:	DOB:	Tribal Roll #
Have you ever received assistance from the Comanche Nation Office of Higher Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		
Applying for academic year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 If you are a graduate student what year? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Classification: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
<input type="checkbox"/> Major:	<input type="checkbox"/> Undecided major:	<input type="checkbox"/> Full-Time (12 hrs. & above) <input type="checkbox"/> Part-Time: (11 hrs. or less)
Type of Degree you expect to receive: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Graduate _____		
Credit hours earned to date: _____ Year and month you expect to graduate 20 _____ Month _____		
List Grants, Scholarships, and/or Loans you have applied for:		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you eligible for any benefits?		
Have you completed the Free Application for Federal Student Aid (FAFSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for admission to college? <input type="checkbox"/> Yes <input type="checkbox"/> No What college/University? _____
Please carefully read, sign and date ALL 3 of the following statements:		
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.		
Applicant Signature		Date
I have read the <u>Guideline and Requirements</u> and understand the contents of the policies and do hereby agree to abide by all items listed.		
Applicant Signature		Date
<u>Privacy Statement:</u> 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, Comanche Nation Office of Higher Education will discuss student information with the student applying for assistance only. I have read the Privacy Statement and understand the contents and do hereby agree to abide by all items listed.		
Applicant 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 updated documents must be in the student's file:**
 - ☐ **Application** – completed, signed and dated
 - ☐ **CDIB** – Certificate of Indian blood verifying Comanche blood certified by the Comanche Nation enrollment office
 - ☐ **Transcript** – Official high school or college
 - ☐ **Letter of Admission** – Official admittance to an accredited, post-secondary institutions by one of the regional agencies recognized by the Comanche Nation
 - ☐ **Letter of Intent** – A personal letter stating why you want to attend college
 - ☐ **Enrollment Verification** – Submit a class enrollment schedule of the semester you are requesting funding showing the date classes are being offered at the beginning of each semester. (Funding will not be released until our office receives this documentation)
 - ☐ **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.
 - After the student submits the FNA to the college/university, the school will forward it to our office when they complete it.
 - This document must be prepared and certified by the college Financial Aid Officer.
 - Applications will NOT be considered for funding unless this form is complete.
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.**

<input type="checkbox"/> Fall Semester – Application Deadline	June 1
<input type="checkbox"/> Spring Semester – Application Deadline	October 1

I have read and agree to the terms of this disclaimer and 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 OFFICE OF HIGHER EDUCATION

P.O. Box 908 Lawton, OK 73502

Phone: (580) 360-0526 ~ E-Mail: highereducation@comanchenation.com

FINANCIAL AID NEED ANALYSIS FORM (FNA)

To be completed by the student:

Name: _____ Tribal # _____
Address: _____ SSN: _____
Home Phone: _____
Email: _____ Cell: _____
Applying for: ☐ Fall & Spring ☐ Fall only ☐ Spring only ☐ Fall Quarter ☐ Winter Quarter ☐ Spring Quarter
I am classified as a: ☐ Graduate ☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman
My Major in college is: _____ or ☐ I have not decided my Major yet.

PLEASE SIGN: I authorize the release of my academic & financial information to the *Comanche Nation Office of Higher Education*:

Student Signature: _____ Date: _____

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

Please send FNA to the Financial Aid Office at your college

To be completed by your college Financial Aid Office:

1. Complete the FNA only after a student has submitted the required financial aid forms (i.e., FAFSA, etc.)
2. Please do not consider loan eligibility when calculating resources (awards).
 - a. We prefer that our students use their Pell/Tribal funds before they take out student loans.
3. Send original to the Comanche Nation Office of Higher Education. To speed up the payment process, an emailed 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 ☐ Other

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

Signature of Financial Aid Officer

Institution

Address

Phone

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