

COMANCHE NATION  
OFFICE OF HIGHER EDUCATION

# Summer College Scholarship Application

This application applies to summer school funding ONLY



P.O. Box 908  
Lawton, OK 73502

**Phone: (580) 360-0526**

**E-Mail: [highereducation@comanchenation.com](mailto:highereducation@comanchenation.com)**

# Summer School Guidelines and Requirements

- ☐ The Comanche Nation Higher Education (CNHE) Scholarship is designed to assist students who are seeking an undergraduate or a graduate degree from a college/university.
- ☐ For summer scholarship assistance, graduates and seniors will be given first priority and are dependent on funds available, however, all Comanche students are encouraged to apply.
- ☐ The deadline to turn in the summer school application is May 1<sup>st</sup>.
- ☐ The summer scholarship is provided on a first-come, first-served basis.
- ☐ This summer scholarship is a separate application from the annual school year application. **This application only applies to summer school funding ONLY.**
- ☐ All documentation must be submitted before funding is released.

## Eligibility Requirements

- ✓ Must provide proof of tribal membership (Comanche Tribal Enrollment Verification Form)
- ✓ Must be admitted for enrollment to an accredited institution of higher education

## Students

- ☐ Students approved and receiving scholarship assistance from the Comanche Nation Higher Education must maintain an acceptable academic standing and social conduct within the policies and rules of the college/university they are attending.
- ☐ Full-time students are required to carry a minimum of 6 hours for the summer session and earn a 2.00 Grade Point Average (GPA). Students must get prior approval from CNHE before withdrawing from any class.
- ☐ Students with complete applications will be notified by letter of the approval or denial of their scholarship in May.
- ☐ A copy of your award letter will also be sent to the college Financial Aid Office.
- ☐ Students are personally responsible for their own housing arrangements, deposits or fees that are required for admission purposes. Therefore, make sure you have made arrangements for your deposits/fees before school begins.
- ☐ Student information given to the CNHE is considered "confidential." This means the CNHE staff cannot disclose or give access to any information given to the department without written consent from the applicant. The FERPA form is designed to give access to parties in which the student may give permission to the CNHE staff to designate specific information to be released on the students' behalf. Students can complete and sign this (FERPA) form and to designate the type of information they want to release to specific individuals that are listed on the form. If a student does not have a FERPA form signed, dated and designated for specifics, no information will be released from the CNHE office.
- ☐ After the summer semester, students are required to send their official transcript before funds can be released for the fall semester.

## Probation or Suspension Guidelines

- ☐ A student will be placed on probation when:
  - A student earns less hours than the number of hours they were funded for or
  - A student's GPA is below a 2.00
  - Students have one semester to either pass with a 2.00 GPA or greater for the number of hours they were funded of the semester they became on probation.
  - For example, if you did not pass 12 hours in the Fall then you would be put on probation for the Spring semester. During the Spring semester you must pass 12 hours or more with at least a 2.00 GPA for all courses taken. If you do not pass the 12 hours you will be placed on suspension from the scholarship program.
  - Students must meet the requirement of the scholarship by the end of the probationary period or the student will be suspended from the scholarship.
- ☐ A student placed on suspension is required to go through a reinstatement process to be eligible to receive financial assistance from the CNHE Scholarship.
  - To be reinstated to the program after suspension, a student must earn at least 12 credit hours with a 2.00 GPA or higher on their own without tribal assistance.



# Comanche Nation Summer Scholarship Application

Total credit hours student expects to take: _____		Full-time: _____	Part-time: _____
Name of University/College for Summer Session: _____			
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? _____			
Current 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			
Major:		Minor:	<input type="checkbox"/> Undecided major
Type of Degree you expect to receive: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Graduate _____			
Credit hours you expect to take for summer session: _____		Expected graduation: Year _____ Month _____	
<p><b>Please carefully <u>read</u>, <u>sign</u> and <u>date</u> ALL 3 of the following statements:</b></p> <p>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.</p>			
Signature _____		Date _____	
<p>I have read the <b><u>Guideline and Requirements</u></b> and understand the contents of the policies and do hereby agree to abide by all items listed.</p>			
Signature _____		Date _____	
<p><b><u>Privacy Statement:</u></b> The <b>Family Educational Rights and Privacy Act (FERPA)</b> (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 <b>ONLY</b>. I have read the Privacy Statement and understand the contents and do hereby agree to abide by all items listed.</p>			
Signature _____		Date _____	

# Scholarship Disclaimer

The Comanche Nation Summer School 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 only
  - ☐ **Letter of Admission** – Official admittance to an accredited, post-secondary institutions by one of the regional agencies recognized by the Comanche Nation (for new admissions only)
  - ☐ **Letter of Intent** – A personal letter stating why you want to attend college (signature and dated)
  - ☐ **Enrollment Verification** – Submit a class enrollment schedule provided by the school of the semester you are requesting funding, showing the *name of the school, student name, classes, and total credit hours*. (Funding will not be released until our office receives this documentation)
  - ☐ **Scholarship Disclaimer** – signed and dated
  - ☐ **FERPA** – 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](mailto:highereducation@comanchenation.com)
  - ☐ **Phone:** (580) 360-0526
3. **The deadline dates are as follows: Applications received after deadline will NOT be funded.**
  - ☐ Summer – May 1 (dependent on funds available)

**I have read and agree to the terms of this disclaimer and guidelines of CNHE Scholarship Application. 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 follow all scholarship guidelines or I could be placed on probation or suspension from the CNHE Scholarship.**

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**Print Name**

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**Signature**

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**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: \_\_\_\_\_

## 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 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](mailto:highereducation@comanchenation.com)