

ALL TRIBES EDUCATION CONSORTIUM

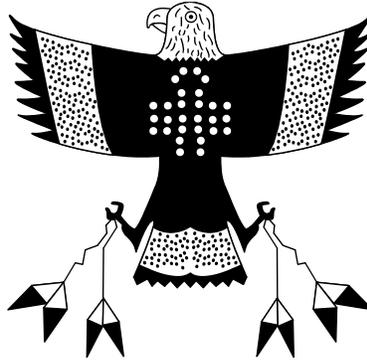
**P.O. Box 110
Miami, Ok 74355**

President

Vice President

Secretary

Treasurer



DeMaris Gaines

(918) 541-0372

Ardina Moore

(918) 542-8870

Debbie Wray

(918) 674-2257

Rhonda Hayworth

(918) 542-6162

Ottawa Tribal office: Feb. 1st

Include with your ALL TRIBES EDUCATION CONSORTIUM SCHOLARSHIP

_____ **Class Schedule**

_____ **Transcript** of Last Semester College / High School Grades

_____ Copy of **Tribal enrollment card** or letter from enrollment officer

_____ (2) **Letters of recommendation** from tribal elders, school official, or tribal council member ETC. (no relatives) **unless given scholarship last semester**

_____ Short biography and photo of self **Just Photo if received Scholarship last Semester**

In order to get this scholarship you must be a full time student and have at least a 2.0

ALL TRIBES EDUCATION
SCHOLARSHIP APPLICATION

STUDENT'S NAME: _____ TRIBE: _____

PERMANENT MAILING ADDRESS _____ ROLL NO. _____

_____ BIRTHDATE _____

TELEPHONE NUMBER: _____ Cell Phone: _____

E-Mail address: _____

MAJOR _____ FULL TIME _____ GPA _____

Indicate year, by Semester, for which funds are sought:

FALL TERM _____ SPRING TERM _____

SUMMER TERM _____ OTHER _____

Indicate your student classification:

COLLEGE SENIOR _____

COLLEGE JUNIOR _____

COLLEGE SOPHOMORE _____

COLLEGE FRESHMAN _____

POST-GRADUATE _____

Normal length of time in program study: _____

School in which you are enrolled: _____

Are you at this time receiving any scholarships? _____ What kind? _____

_____ How much? _____

Please supply 2 letters of recommendation.

Please write a short Biography listing your involvement in school, community, and Indian community.

(Not more than 3 pages)

Certification: All of the information 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 that I have given on this form. I agree to notify the All tribes Education committee, in writing, of any changes in the above information.

Date: _____

Signature: _____

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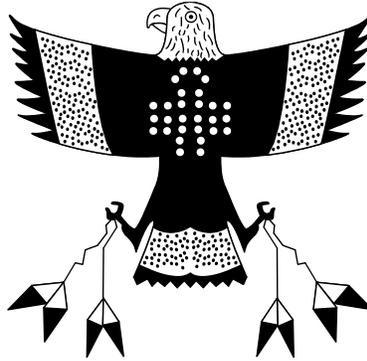
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PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned, hereby give my permission for the release of enrollment information to the All Tribes Education Consortium Committee. This includes, but is not limited to, the enrollment status, grade point average, student classification, and number of hours completed. This information is to be used only for determination for initial or continued eligibility.

Date: _____

Signature: _____