



United Keetoowah Band of Cherokee Indians In Oklahoma
Department of Education
P.O. Box 746, Tahlequah, OK 74465
Phone Number: (918) 456-8698 or 453-2569
Toll Free Number: 1-800-259-0093 Fax: (918) 453-1267

Education Assistance Application

UKB Membership Roll #: _____ NEW: Yes ____ No ____

Student Name: _____
First Name Middle Name Last Name Maiden Name

Address: _____
Street, Route, or P.O. Box City State Zip Code

Phone Number: _____ E-mail: _____ Work#: _____

UKB District _____ Date of Birth _____ SS #: _____

If student is a minor, name of guardians:

Father: _____
First Name Middle Name Last Name

Mother: _____
First Name Middle Name Last Name Maiden Name

Other: _____
First Name Middle Name Last Name Maiden Name

Please indicate to whom information can be released to:

School Name: _____ School Phone #: _____

School Address: _____

Type of assistance requested:

Youth Assistance:

K-12th Expenses: _____ Grade: _____ Age: _____

Explain request: _____

Higher Education Assistance:

College Financial Aid _____ Vo-Tech Financial Aid _____ GED Test Fees _____
 Freshman _____ Soph. _____
 Junior _____ Senior _____

**Attach necessary info: Copy of current UKB Membership card, CDIB, Official Transcripts, Valid enrollment in school, receipts for required school items, test fees, etc.*

I understand this information is being collected to determine my eligibility for education assistance. I authorize the UKB Education Program to verify all information I have provided on this application. I certify this information is true and correct to the best of my knowledge and also understand that willful false statements or misrepresentations may cause my application to be voided. I also understand that this application is not a binding contract and does not bind either party.

The following policies are in effect for all education applicants:

- Educational assistance may be withheld for failure to make satisfactory academic progress in the course of study.
- Educational assistance may be cancelled, reduced, postponed or withdrawn due to the lack of funds.

Signature of Applicant or Parent of Applicant

Date

 Approved Denied Reason: _____