SEMINOLE NATION OF OKLAHOMA
JUDGMENT FUND PROGRAM
UNDERGRADUATE DEGREE SCHOLARSHIP PROGRAM

(Please Print or Type All Information)

(Only Original Applications will be processed, no emailed, faxed, or copies will be accepted)

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REVISED – MARCH 4, 2013

STUDENT INFORMATION:

Social Security No: _______________ Date Of Birth: _______________

Name: _____
Last First M.I. Maiden

Permanent Address: _____
(PO Box, RR, or St) City State Zip Code

Phone No: (_____) _____ - _____ Band: _____ Sex: _____

IS YOUR MAILING ADDRESS THE SAME AS THE PREVIOUS SEMESTER? _____ YES _____ NO

WHICH ADDRESS DO YOU WANT ALL INFORMATION MAILED? _____ PERMANENT _____ SCHOOL

If you choose the School, please provide the school's address where you will be receiving your mail:

School Address: _____
(PO Box, RR, or St, Dorm or Apt) City State Zip Code

SCHOOL INFORMATION:

Name of School: _____

Address: _____
(PO Box, RR, or St) City State Zip Code

Phone No: (_____) _____ - _____

DEGREE PROGRAMS: (Circle One Where Applicable)

Freshman / Sophomore / Junior / Senior
GPA: Semester _____ Cumulative _____
Date Classes Begin: _____

MAJOR: _____

Number of hours enrolled for Fall/Spring _____

Semester / Trimester / Quarter / Other _____
Fall / Winter / Spring
Full-Time Student ONLY

MINOR: _____

Application Guidelines and Required Documents are on the back of this form, PLEASE READ AND SIGN!

Mail Application To: Seminole Nation of Oklahoma
Judgment Fund Office
2007 W. Wrangler Blvd.
Seminole, OK 74868

Office Hours: Monday – Friday
8:00am – 5:00pm

Office #: (405) 382-0549
Fax #: (405) 382-0571

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WE DO NOT ACCEPT EMAILED, FAXED OR COPIED APPLICATIONS; ONLY ORIGINAL, SIGNED APPLICATIONS WILL BE PROCESSED.

APPLICATION GUIDELINES

General Information:

Applicants must apply each grading period (semester, trimester, or quarter) for assistance. Assistance will not be given if the applicant does not meet the following requirements.

Requirements:

1. Applicant must provide a front and back copy of their Seminole Nation of Oklahoma membership card, if not already on file.
2. Applicant must provide a copy of their Certificate of Degree of Indian Blood (CDIB) card, if not already on file.
3. Applicant must provide a copy of their class schedule and grades from previous classes.
4. Applicant must provide an official college transcript once per year (beginning of every Spring semester).
5. Applicant must maintain a 2.0 GPA for continued funding.
6. Applicant must provide an equivalency or conversion chart, if you do not attend in semesters (if not on file already).

Deadlines:

1. There is a thirty (30) day deadline from the start of each quarter or trimester. (Ex: if the semester starts Sept. 10, the applicant must have the application and all required documents turned in at the Judgment Fund Office by Oct 10.)
2. The following is the deadline for applications and all required documents to be turned in for semester students:

Fall Semester	November 10
Spring Semester	April 10

Award Amounts:

Award amounts are based upon classification of the student regarding full-time and classification such as freshman, sophomore, junior, or senior, as determined by the college or university of attendance.

Total of all Undergraduate awards shall not exceed $4,800.

Full-Time Student	Semester	Trimester	Quarter	Limit/Year
Freshman	$400	$266	$200	$800
Sophomore	$500	$333	$200	$1,000
Junior	$700	$466	$350	$1,400
Senior	$800	$533	$400	$1,600

Information concerning an application or payment to an applicant is confidential and shall **ONLY** be given to the applicant unless a written statement is on file at the Judgment Fund Office that another person(s) can inquire the information.

Applicant's Rights and Responsibilities:

I have read both sides of this application or it has been read to me. I have willingly completed this application and truthfully answered the indicated questions. I authorize the Seminole Nation Judgment Fund Office staff to make any investigation necessary to verify the answers given, and to obtain information required to determine eligibility. I have a right to a hearing on such action of the tribe I consider improper, and shall submit a written request with explanation of need for a hearing to the Judgment Fund Coordinator. By signing below, I certify the above to be true, complete, and accurate.

Signature: _____ Date: _____

Note: Application is incomplete if not signed, and all requested documents are turned in.