



**Department of Education / Education Resources Division**  
**Postsecondary Education / Higher Education Program**  
300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Email address: [Higher.Education@Chickasaw.net](mailto:Higher.Education@Chickasaw.net)

## **Abeka Apisachi Nursing Scholarship at East Central University**

The Chickasaw Nation is pleased to offer Chickasaw students the opportunity for financial assistance through the Abeka Apisachi Nursing Scholarship, in partnership with East Central University (ECU). This scholarship is designed to support higher education and encourage students to earn a bachelor's degree in nursing.

To apply for the Abeka Apisachi Nursing Scholarship, Chickasaw students must complete and submit the attached application and the required documentation. Applications and documentation can no longer be submitted by fax. Students selected as finalists will be required to participate in the interview portion of the selection process. All scholarships offered by the Chickasaw Nation are for **Chickasaw citizens** only. No student will be considered for funding who does not have a Chickasaw Nation citizenship card or Chickasaw citizen confirmation. All scholarship applications and supporting documentation **will be to the department of education office by the end of business day on the stated deadline date: July 31<sup>st</sup> for fall semester; February 15<sup>th</sup> for spring semester; July 1<sup>st</sup> for summer semester**. Funding **will not** be disbursed until all documents are received, including the student's semester enrollment.

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### **SCHOLARSHIP AWARD**

The scholarship will be awarded to a limited number of new students each year selected by a scholarship selection committee. The decision of the committee will be final. Scholarships are eligible for renewal each year thereafter until graduation, so long as the requirements are met. Selected students will be required to work in paid part-time employment positions with the Chickasaw Nation Department of Education and maintain bronze-level participation with the Chokka Kilimpi recruitment and retention program.

**Students may contact the higher education office at (580) 421-7711 for additional scholarship information.**

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### **DOCUMENTATION REQUIRED**

Chickasaw citizens who wish to be considered for this scholarship must complete and submit a full *Abeka Apisachi Nursing Scholarship* application packet. The application page must be accompanied by the following documents.

**Note:** Copies sent by fax will no longer be accepted.

1. Unofficial college transcript (if applicant has college credit hours).
2. Current college class schedule.
3. Account summary showing detailed billing charges to the student's account with ECU.
4. Acceptance documentation for the ECU Nursing Program.



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### **Abeka Apisachi Nursing Scholarship Application**

Deadlines are July 31<sup>st</sup> for fall semester; February 15<sup>th</sup> for spring semester; July 1<sup>st</sup> for summer semester.

**Application type:**  New (did not apply last semester)  Renewal (applied last semester)

**Semester applying of funding:**  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

**Personal information:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Maiden: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**NOTE:** All Chickasaw Nation correspondence will be sent to the email address listed on this application. This will ensure a more efficient notification process regarding the status of your application. Students are responsible for checking their email regularly to guarantee receipt of correspondence.

**College information:**

College attending: East Central University

Mailing address: 1100 East 14<sup>th</sup> Ada Oklahoma 74820  
Street City State ZIP

Phone no.: (\_\_\_\_) \_\_\_\_\_ Fax no.: (\_\_\_\_) \_\_\_\_\_ Student ID no.: \_\_\_\_\_

Field of study: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

College classification:  Freshman  Sophomore  Junior  Senior

**Contractual agreement:**

The Chickasaw Nation Postsecondary Education and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties concur that the information contained in said application will be considered "confidential information" and will not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.

I declare that I will use any funds I receive from the Chickasaw Nation Higher Education Program solely for expenses connected with attending ECU. I also certify that the above information is true and correct to the best of my knowledge. I grant consent to release this information to the necessary agencies in order to complete my financial aid package.

By signing the application, I declare that I have read and do understand the **Chickasaw Nation Higher Education Student Handbook** concerning the Chickasaw Nation Higher Education programs as they are related to funding students who are attending college. I also understand that these policies are not all-encompassing and may be changed as needed to assist Chickasaw students in a better way. The Chickasaw Nation Higher Education Student Handbook can be found at: [www.Chickasaw.net/highered](http://www.Chickasaw.net/highered).

**Disclaimer:**

Any dispute over student eligibility will be decided by the Chickasaw Nation Postsecondary Education. The decision of the Chickasaw Nation Department of Education will be final.

**Certification:**

By submitting this application, I certify that the information I have provided is complete and accurate. I understand and acknowledge that falsifying any information or document included with my application will result in the revocation of any scholarship granted to me and will also result in my suspension from the Chickasaw Nation grants, programs, and scholarships opportunities.

- Yes, I would like to receive additional information about Chickasaw Nation opportunities, events, scholarships, internships, and other educational information by phone, email, or text.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Documentation received:

- nonofficial college transcript (if applicant has college credit hours).
- Current college class schedule.
- Account summary showing detailed billing charges to the student's account with ECU.
- Acceptance documentation for the ECU Nursing Program.



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## **Student Authorization for Disclosure of Information In Education Records**

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended

### **Instructions:**

To authorize the Chickasaw Nation, its programs, representatives, and employees to obtain your educational information and to release your educational information to individuals or the college/university you are attending.

1. Fill out all appropriate fields on this form; and
2. Submit form via postmarked U.S. mail, email, or in person to the department of education.
3. **Note: Forms will not be accepted without a signature.**

First name:	
Middle name:	
Last name:	
Suffix:	
Birth date:	

I hereby authorize/revoke the Chickasaw Nation Higher Education Program to disclose my education record(s) to the following individual(s) or college/university:

<b>Individual/college/university name</b>	<b>Birth date of individual</b>	<b>Disclosure of educational records</b>
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization

I hereby authorize/revoke the following individual(s) or college/university to release my education record(s) to the Chickasaw Nation Higher Education Program:

<b>Individual/college/university name</b>	<b>Birth date of individual</b>	<b>Release of educational records</b>
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization
		<input type="checkbox"/> authorize <input type="checkbox"/> revoke authorization

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian signature (if applicable)

\_\_\_\_\_  
Date