



**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)

Website: [www.Chickasaw.net/HigherEd](http://www.Chickasaw.net/HigherEd)

## **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 candidates 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 citizenship confirmation. All scholarship applications and supporting documentation **must be delivered via postmarked United States (U.S.) Postal Service, email or in person to the department of education office by the end of business day on the stated deadline dates: April 30 for fall semester; October 31 for spring semester; July 1 for summer renewals only, no new scholarship recipients will be selected during the summer semester.** If a deadline falls on a weekend or holiday, the deadline will roll over to the first business day of the following week. 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 committee. The decision of the scholarship committee will be final. Students 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 within the Chickasaw Nation applicable to their degrees within the department of health and maintain bronze-level participation with the Chokka' Kilimpi' recruitment and retention program at ECU.

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

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### **Required Documentation**

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:

1. Unofficial college/university transcript (if applicant has college/university credit hours/units).
2. Current college/university class schedule.
3. Acceptance documentation for the ECU nursing program.



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**Abeka Apisachi Nursing Scholarship Application**

Deadlines are April 30 for fall semester; October 31 for spring semester; July 1 for summer semester.

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

**Personal information:**

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

Preferred name: \_\_\_\_\_ 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.

Are you in the military?  Yes  No If yes, which branch of service? \_\_\_\_\_

Chickasaw Nation School-to-Work participant?  Ada  Ardmore  Norman-Metro  N/A

**College/university information:**

College/university 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/university classification:  Freshman  Sophomore  Junior  Senior

**Disclaimer:**

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

**Acknowledgment:**

\_\_\_\_\_ (Initial) The information contained in the application will be considered “confidential information” and will not be disclosed to third persons, except upon written authorization of the student or as otherwise required by law. I will use any funds I receive from the Chickasaw Nation Higher Education Program solely for expenses connected with attending ECU.

\_\_\_\_\_ (Initial) I have read and understand the Chickasaw Nation Higher Education Student Handbook (see MAN 10 ER 1000) concerning the Chickasaw Nation Higher Education programs as they are related to funding students who are attending college. These policies may be changed.

\_\_\_\_\_ (Initial) The information I have provided is complete and accurate. Falsifying any information or document included with my application may result in the revocation of any scholarship granted to me and may also result in my suspension from future Chickasaw Nation grants, programs and scholarships opportunities.

Yes  No I authorize the Chickasaw Nation Higher Education Program to release any information herein, including but not limited to, my name and birth date, to the necessary agencies, including the National Student Clearinghouse, in order to complete my financial aid package or to be cross referenced with college graduation records for verification or retention data.

Yes  No I would like to receive additional information about Chickasaw Nation opportunities, events, scholarships, internships and other educational information by phone, email or text.

On a scale of 1 to 5, with 5 being very satisfied:

1. How would you rate your satisfaction with the service you received?

1 - Very dissatisfied 2 - Dissatisfied 3 - Neutral 4 - Satisfied 5 - Very satisfied

2. How would you rate the overall ease of the application?

1 - Very difficult 2 - Difficult 3 - Neutral 4 - Easy 5 - Very easy

3. How would you rate your overall experience of the Chickasaw Nation Higher Education Program process?

1 - Very poor 2 - Poor 3 - Average 4 - Good 5 - Very good

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

\_\_\_\_\_  
Date

**For Office Use Only:**

Documentation received:

- Unofficial college/university transcript (if applicant has college/university credit hours/units).
- Current college/university class schedule.
- 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 the form via postmarked U.S. Postal Service, email or in person to the department of education.

**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:

Individual/college/university name	Birth date of individual	Disclosure of educational records
		<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:

Individual/college/university name	Birth date of individual	Release of educational records
		<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