

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

Holisso Pisachi Education Scholarship For East Central University

The Chickasaw Nation is pleased to offer Chickasaw students the opportunity for financial assistance through the Holisso Pisachi Education 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 education.

To apply for the Holisso Pisachi Education 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 <u>Chickasaw citizens</u> 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 <u>will be to the department of education office by the end of business day on the stated deadline date</u>: July 31st for fall semester; February 15th for spring semester; July 1st for summer semester. Funding will not be disbursed until all documents are received, including the student's semester enrollment.

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 scholarship 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.

DOCUMENTATION REQUIRED

Chickasaw citizens who wish to be considered for this scholarship must complete and submit a full *Holisso Pisachi Education 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.



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Holisso Picachi Education Scholarship Application

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

Application type: ☐ New (did no	ot apply last semester)	☐ Renewal (applied la	st semester)	
Semester applying of funding:	☐ Fall 20 ☐ Spring 2	20 □ Summer 20_	_	
Personal information:				
Name:				
		Las	st	Suffix
Maiden:	Birth date:	Ge	ender: □ Male	☐ Female
Mailing address:				
	City	Sta	ite	ZIP
Physical address:	City	Sta	ate	ZIP
	•			
Home phone no.: ()		Cell phone no.: (_)	
Email address:				
will ensure a more efficient notific responsible for checking their em Are you military? ☐ Yes ☐ No Chickasaw Nation School-to-Wor	ail regularly to guarantee	e receipt of correspond service?	ence.	
College information:				
College attending: East Central L	Iniversity			
Mailing address: 1100 East 14 th Street	Ada City	Ol Sta	klahoma _{Ite}	74820 ZIP
Phone no.: ()	Fax no.: ()	Student ID no.:	
Field of study:		Expected graduation of	date:	
College classification: ☐ Freshma	an □ Sophomore □	Junior □ Senior		
Contractual agreement:				
The Chickasaw Nation Postsecon confidentiality of all information duhe information contained in said	isclosed hereunder, or a	ny amendments thereto	o. The parties co	oncur that

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.

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.

Chickasaw Nation grants, programs, and scholarships opportunity	ortunities.
☐ Yes, I would like to receive additional information about 0 scholarships, internships, and other educational information	
Student signature	Date
For Office Use Only: Documentation received: Unofficial college transcript (if applicant has college cre	edit hours).
☐ Current college class schedule. ☐ Account summary showing detailed billing charges to the contract of the c	he student's account with ECU.



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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.

First name:			
Middle name:			
Last name:			
Suffix:			
Birth date:			
	s) or college/university:	Birth date of individual	Disclosure of educational records □ authorize □ revoke authorization
			☐ authorize ☐ revoke authorization
			□ authorize □ revoke authorization □ authorize □ revoke authorization
Chickasaw Nation High	er Education Program:	.,	☐ authorize ☐ revoke authorization☐ authorize ☐ revoke authorization to release my education record(s) to the
	er Education Program:	Birth date of individual	□ authorize □ revoke authorization □ authorize □ revoke authorization
Chickasaw Nation High	er Education Program:	Birth date of	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization
Chickasaw Nation High	er Education Program:	Birth date of	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization □ authorize □ revoke authorization
Chickasaw Nation High	er Education Program:	Birth date of	☐ authorize ☐ revoke authorization☐ authorize ☐ revoke authorization to release my education record(s) to the
Chickasaw Nation High Individual/college/u	er Education Program:	Birth date of	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization □ authorize □ revoke authorization
Chickasaw Nation High Individual/college/u	er Education Program:	Birth date of	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization □ authorize □ revoke authorization
Chickasaw Nation High Individual/college/un	er Education Program: niversity name	Birth date of	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization
Chickasaw Nation High	er Education Program: niversity name	Birth date of	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization

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