

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 Website: www.Chickasaw.net/highered

Native American Business Scholars Academy Scholarship Application

The Chickasaw Nation is pleased to offer Chickasaw students funding assistance for college. The Chickasaw Nation offers the Native American Business Scholars Academy Scholarship in partnership with Oklahoma City University's Meinders School of Business and the Native American Business Scholars Academy. This scholarship is designed to support higher education and lead students to earn a bachelor's degree in business. Students receive additional benefits that may include a variety of tribal business-focused seminars and workshops, internships, attending meetings with the business dean, networking opportunities with local, regional, and national business leaders, and participation in special on and off-campus events.

After completing, the attached application, and providing us with the required documentation, your application will be reviewed for consideration of funding. Students selected as finalists will be required to participate in the interview portion of the selection process on-campus at Oklahoma City University. 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. Applications and documentation can no longer be submitted by fax. All scholarship applications and supporting documentation must be delivered via postmarked U.S. mail, email, or in person to the department of education office by the end of business day on the stated deadline date: September 15th for fall semester; February 15th for spring 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 recipients 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 Eligible students must be in their final semester of an accredited high school or a recent graduate from an accredited high school, with a cumulative GPA of 3.0 or higher and an ACT score of 22 or higher; meet all admission requirements of Oklahoma City University; and major in a business-related discipline. Programs offered included accounting, business administration, finance, economics, marketing, and software engineering. Native American Business Scholars Academy scholarship recipients will be awarded tuition scholarships covering full-time tuition for eight consecutive semesters. Fees, housing, and meals are not included in the scholarships. Students receiving tuition scholarships will maintain full-time enrollment and a cumulative GPA of 3.0 or higher.

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



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Native American Business Scholars Academy Scholarship Application

Deadlines are September 15th for fall semester; February 15th for spring semester. **Application type:** □ New (Did not apply last semester.) □ Renewal (Applied last semester.) Semester applying for tuition funding: ☐ Fall 20 ☐ Spring 20 **Degree:** □ Bachelor's Personal information: Name: Suffix Maiden: _____ Birth date: _____ Gender: ☐ Male ☐ Female State Physical address: Street City 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: Mailing address: Street City State Phone no.: (____) _____ Fax no.: (____) ____ Student ID no.: _____ Field of study: _____ Expected graduation date: _____ College classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior 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.

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-

I declare that I will use any funds I receive from the Chickasaw Nation Higher Education Program solely for

expenses connected with attending Oklahoma City University.

encompassing and may be changed as needed to assist Chick Chickasaw Nation Higher Education Student Handbook can be	
<u>Disclaimer</u> :	
Any dispute over student eligibility will be decided by the Chicke The decision of the Chickasaw Nation Department of Education	•
Certification:	
By submitting this application, I certify that the information I have understand and acknowledge that falsifying any information or result in the revocation of any scholarship granted to me and w Chickasaw Nation grants, programs, and scholarship opportuni	document included with my application will ill also result in my suspension from the
\square Yes, I would like to receive additional information about Chic scholarships, internships, and other educational information by	• •
Student signature	Date
Parent/legal guardian signature (if applicable)	Date
Student checklist:	
Documentation submitted: ☐ Native American Business Scholars Academy Scholarship A ☐ Current college class schedule ☐ Student Authorization for Disclosure of Information in Educa (Beginning freshmen or new applicants or renewals if not on ☐ Unofficial college transcript (If you have college credit hours ☐ Account summary showing detailed billing charges to the str	ation Records a file.) .)

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Form no. 10504BSA EDU-ER Rev. 4/2023



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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 Department of Education to obtain your educational information and to authorize the Chickasaw Nation Higher Education Program to release your educational information to individuals or the college/university you are attending.

First name:		
Middle name:		
Last name:		
Suffix:		
Birth date:		
nter only ONE name per space. hereby authorize/revoke the Chickasaw Nation Hi	gher Education Progra	am to disclose my education record(s) to
ollowing individual(s) or college/university: Individual/college/university name	Birth date of individual	Disclosure of educational records
		☐ authorize ☐ revoke authorization
		☐ authorize ☐ revoke authorization
hickasaw Nation Higher Education Program:) or college/university	☐ authorize ☐ revoke authorization ☐ authorize ☐ revoke authorization to release my education record(s) to the
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hickasaw Nation Higher Education Program:) or college/university	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization
chickasaw Nation Higher Education Program:) or college/university	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records
hereby authorize/revoke the following individual(s Chickasaw Nation Higher Education Program: Individual(s)/college/university name Authorization: hereby authorize the) or college/university Birth date of individual to disclose my educa	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization
Individual(s)/college/university name Luthorization: hereby authorize the) or college/university Birth date of individual to disclose my educa	□ authorize □ revoke authorization □ authorize □ revoke authorization to release my education record(s) to the Release of educational records □ authorize □ revoke authorization