the Chickasaw Nation
Education Division
Office of Supportive Programs
300 Rosedale Rd. / Ada, OK 74820 / (580) 421-7711 / Fax (580) 310-9531 / chcprogram@chickasaw.net

Bill Anoatubby
Governor

Chickasaw Honor Club Programs

Good Grade and Perfect Attendance Application

Please attach a copy of your child's most recent report card.

Please complete this application only once per school year for eligible Chickasaw students, grades 2nd through 12th, participating in the *Chickasaw Honor Club* of the Chickasaw Nation. This application is for the current school year. This application must be resubmitted each school year.

The *Chickasaw Honor Club* is a tribal incentive that rewards good grades and/or perfect attendance per grading period (not to exceed four grading periods per school year). Each student is issued a Walmart gift card each time they earn an award. For students earning all A's, a $25 award is earned while students earning A's & B's earn $10. Perfect attendance will be awarded an additional $25 gift card. Awards are given each grade period requirements are met. Parents of students attending a non-participating school are responsible for mailing, or sending by fax student report cards each grade period to the *Chickasaw Honor Club* office for processing. Report cards received more than four weeks from the last day of the grade period will not be funded. For further information visit our website at: *https://chickasaw.net/Services/Chickasaw-Honor-Club.aspx*

Student's name: _____
Last First Middle Suffix

School year (ex. 2015-2016): _____ Student's SSN: _____

Student's birth date: _____ Student's age: ____ Student's grade level: _____

Student's mailing address: _____

City: _____ State: _____ ZIP: _____

School attending: _____ Principal name: _____

City: _____ State: _____ ZIP: _____

Authorization:
I hereby authorize the Chickasaw Nation Education Division to discuss information regarding my child's honor club incentives to the individuals listed below: (Please complete first line with your information.)

Individual authorized	Relationship to student	Phone number of authorized individual	Email address
	Parent/legal guardian		

Parent/legal guardian name: _____
Last First Middle Suffix

Parent/legal guardian birth date **(required for security purposes)**: _____

Parent/legal guardian mailing address: _____

City: _____ State: _____ ZIP: _____

_____ _____
Parent/legal guardian signature Date

Return application to: The Chickasaw Nation
Office of Supportive Programs
Chickasaw Honor Club
300 Rosedale Rd.
Ada, OK 74820

Return by email to: chcprogram@chickasaw.net
Return by fax to: 580-310-9531