

MUSCOGEE (CREEK) NATION SCHOLARSHIP FOUNDATION PROGRAM

T (918)732-7754 | F (918)732-7756 | www.creeknationfoundation.org | P.O. Box 580, Okmulgee, OK 74447

SCHOLARSHIP APPLICATION INSTRUCTIONS

IMPORTANT: Please read the entire application thoroughly before completing. The Foundation Program is a **competitive based scholarship** program, for information about BIA or tribal grants, please contact the Higher Education Department at (918) 732-7690 or for Vocational and Technical funding please contact the Employment and Training Program at (918) 732-7777. The Scholarship Foundation Program will open its application on March 1st for the Fall semesters and October 1st for the Spring semesters. You can find the application at www.creeknationfoundation.org

Applications that are incomplete or unsigned will not be reviewed.

1. You must be a member of the Muscogee (Creek) Nation and enclose a copy of your Muscogee (Creek) Nation Citizenship ID card.
2. The Application Form must be completed and submitted to the Scholarship Foundation Program Office by June 1st (fall semester) or December 1st (spring semester).
3. Only one Application Form is required; scholarships are for one semester only unless otherwise designated.
4. You must be enrolled as a full-time student at an accredited institution of higher education.
5. If you are applying for a specific scholarship(s), see scholarship descriptions on website <http://www.creeknationfoundation.org/scholarships> for additional requirements.
6. You need to submit a one-page typed personal statement of your goals, career choice, tribal community involvement, and how this scholarship will affect your college education.
7. If you are a **high school senior** or **first-time entering college student**, you must submit the following: *(please use this as a check list)*
 - A completed Scholarship Application Form
 - A copy of your Muscogee (Creek) Nation Citizenship ID Card
 - A one page personal statement
 - An official copy of your current high school transcript or your GED certificate
 - A copy of your college admissions acceptance letter
8. If you are a **current college student**, you must submit the following: *(please use this as a check list)*
 - A completed Scholarship Application Form
 - A copy of your Muscogee (Creek) Nation Citizenship ID Card
 - A one page personal statement
 - A copy of your high school transcript, **IF** in first semester of college
 - An official transcript from your current college **IF** you have previously completed a full semester

You are **responsible** for completing the application and providing all requested information and documents in addition to following up. A letter will be sent to you indicating receipt of your application. The Scholarship Foundation Program is a **competitive** scholarship program, as all recipients are selected by a Scholarship Committee of the Scholarship Foundation Program. All applicants are notified of scholarship status by mail at the conclusion of the selection process.

Return all required documents and completed application by 5:00pm CT on the deadline dates stated above using any of the two methods below.

Mail: MCN Scholarship Foundation Program Email: RWahnee@mcn-nsn.gov
P.O. Box 580
Okmulgee, OK 74447

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SCHOLARSHIP APPLICATION – SPRING 2018

SSN: _____ Last Name: _____ First Name: _____ MI: _____

Sex: _____ Birth Date: _____ Tribe: _____

Email Address: _____ Phone Number: _____

SCHOLARSHIP PREFERENCE: See website (www.creeknationfoundation.org) for scholarship descriptions and additional requirements.
(Check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Alfred Berryhill | <input type="checkbox"/> Bill S. Fife | <input type="checkbox"/> Checotah Casino | <input type="checkbox"/> Claude Cox |
| <input type="checkbox"/> Community Leader | <input type="checkbox"/> Corporal Joe Halley | <input type="checkbox"/> Corporal Joe Halley-Business | <input type="checkbox"/> Cvcke' Enheromka |
| <input type="checkbox"/> ECKE 'MVOECKV | <input type="checkbox"/> Everlasting Crown | <input type="checkbox"/> Eufaula Boarding School | <input type="checkbox"/> Fighting Cancer for Kat |
| <input type="checkbox"/> Fostering Care | <input type="checkbox"/> Freshman | <input type="checkbox"/> George & Frances Tiger | <input type="checkbox"/> George & Mollie (Jones) Hicks |
| <input type="checkbox"/> Health Systems | <input type="checkbox"/> Henry Marsey Harjo | <input type="checkbox"/> Jackson Narcomey-Rising Artist | <input type="checkbox"/> J.R.F. Healthcare Management |
| <input type="checkbox"/> J.R.F. Healthcare Informatics | <input type="checkbox"/> Kenneth Sourjohn, Sr. | <input type="checkbox"/> Kevin "Babe" Aaron | <input type="checkbox"/> Lawrence & Rita Olsen |
| <input type="checkbox"/> Lou Canard Navarro | <input type="checkbox"/> Mvskoke Media | <input type="checkbox"/> Mvskoke Women's | <input type="checkbox"/> Naomi & Lois Harjo |
| <input type="checkbox"/> Nathan Weaver | <input type="checkbox"/> Office of 2 nd Chief (Female) | <input type="checkbox"/> Office of 2 nd Chief (Male) | <input type="checkbox"/> Phillip Coon |
| <input type="checkbox"/> R. Perry Beaver | <input type="checkbox"/> Reuben & Fannie M.C. Turner | <input type="checkbox"/> Susan Colleen Wilson | <input type="checkbox"/> USAO |

CURRENT MAILING ADDRESS:

PERMANENT MAILING ADDRESS:

City: _____ State: _____ Zip Code: _____

HIGH SCHOOL ATTENDED:

Name of School _____ *Location of School (City, State)* _____ Phone Number: _____
Graduation Date: _____ High School GPA: _____ ACT Composite: _____
(Month/Year) _____ *(4.0 Scale)* _____

POST-SECONDARY INSTITUTION CURRENTLY ATTENDING OR WILL ATTEND:

Name of School _____ Phone Number: _____ College GPA: _____
City: _____ State: _____ Zip Code: _____ Estimated Graduation Date: _____
(Month/Year) _____

Field of Study: _____

Classification: (Check one) Freshman Sophomore Junior Senior Graduate Post-Graduate

OTHER INFORMATION:

Veteran: (Check One) Yes No Branch of Service: _____ Date Served: From _____ To _____
Marital Status: (Check One) Single Married Divorced Widowed Separated
Mother: (Check One) Living Deceased Number of Dependent Children Residing with You: _____
Father: (Check One) Living Deceased Number of Persons in Household: _____

HAVE YOU SUBMITTED THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)? (Check One) Yes No

Your Expected Family Contribution number is reported on your Student Aid Report (SAR) received after submitting the Free Application for Federal Student Aid (FAFSA). **What is your Expected Family Contribution (EFC) number?** _____

CERTIFICATION: I _____ hereby certify that information on this application is true, correct and complete to the best of my knowledge. I am responsible for completing the application and providing all requested information and documents in addition to follow-up. I consent to the release of this information to other agencies and persons to determine my eligibility. I understand that any scholarship awarded to me will be disbursed as money becomes available to the Scholarship Foundation Program (SFP). I also understand that SFP may release my name and photograph in any news releases and/or publications. If awarded a scholarship from SFP, I agree to comply with all rules applicable to the award.

Applicant's Signature _____ **Date** _____ **Parent's Signature** _____ **Date** _____
(If under 18 years)