

APPLICATION ACT/SAT Funding ACT/SAT Reimbursement Program



**Quapaw Nation of Oklahoma
Department of Higher Education**

**QUAPAW NATION OF OKLAHOMA
DEPARTMENT OF HIGHER EDUCATION
2018-2019
APPLICATION
October 1, 2018-September 30th 2019
ACT/SAT
FUNDING/REIMBURSEMENT
REQUEST**

STUDENT INFORMATION

Name _____ Date of Birth _____

First Last DD/MM/YYYY

Quapaw Tribe Enrollment # _____ Social Security # _____ - _____ - _____ Age _____

____ Male ____ Female

Current

Address _____

Street Address/PO Box City State ZIP

Home Phone () _____ Cell Phone () _____

Alternate #/Message Phone () _____

Email _____

PARENT INFORMATION

Name _____

First Last

Current

Address _____

Street Address/PO Box City State ZIP

Home Phone () _____ Cell Phone () _____

Alternate #/Message Phone () _____

Email _____

EDUCATION INFORMATION

Name of School Attending _____

Address _____

Street Address/PO Box City State ZIP

Name of School Counselor _____ Phone Number () _____

Name of School Principal _____ Phone Number () _____

Grade Level 7 8 9 10 11 12 Graduated Year _____

(circle one)

TESTING INFORMATION

Test you will be taking: ACT ACT Plus Writing SAT SAT and SUBJECT TESTS

TESTING DATE _____ REGISTRATION

DEADLINE _____

MM/DD/YYYY MM/DD/YYYY

TESTING SITE _____ TEST SITE

CODE _____

Check One:

_____ I HAVE NOT registered for the test and am requesting funding to register.

_____ I HAVE registered for the test, BUT HAVE NOT TAKEN THE TEST and am requesting reimbursement for registration.

_____ I HAVE REGISTERED FOR AND HAVE TAKEN THE TEST and am requesting reimbursement for registration.

Have you applied for ACT/SAT Funding or Reimbursement through the Quapaw Nation before? Yes No

If YES, when? _____

Do you qualify for the Fee Waiver? Yes No If YES, have you APPLIED for the Fee Waiver? Yes No

FUNDING/REIMBURSEMENT AGREEMENT

I, _____, agree to provide **Test Registration and Test**
Print Name

Attendance documentation to the Quapaw Nation of Oklahoma's Department of Higher Education. If I **do not** supply this documentation (or any other supporting documents required with this application),

I understand that one of the following terms will apply:

A. I will not be reimbursed if I have already taken the test.

B. I will not be funded for the test if I have not yet taken it.

C. I will not be eligible for further funding of any kind from the Department of Higher Education if I received funding, but did not take the test, and did not return monies received for the test back to the Quapaw Nation's Department of Higher Education. (If monies received **are returned**, then this term will **not** apply to Quapaw Tribe student/Tribal Member.)

I also understand that **if I qualify for the test Fee Waiver available through my school district, I must utilize the Fee Waiver instead** of the ACT/SAT Funding/Reimbursement Funding provided by the Quapaw Nation of Oklahoma's Department of Higher Education.

I understand that I may only apply for ACT/SAT Test Funding/Reimbursement for **a total of TWO (2) times.**

I may receive funding/reimbursement for the tests in one of the following combinations:

---Two ACT/ACT Plus Writing tests

---Two SAT tests

---One ACT/ACT Plus Writing test AND One SAT test

I understand that I will only receive funding/reimbursement for the basic ACT or ACT Plus Writing or the basic SAT (not Subject Tests). Any other options for late registration, testing, scores, reception of scores, data, etc. will be my financial responsibility.

I agree to supply the Quapaw Nation of Oklahoma's Department of Higher Education with a copy of my test scores for each test funded or reimbursed by the Department. (This information will be kept private and will be used for data purposes only.)

Student Signature

Date

Parent/Guardian Signature (if required)

Date

Release of Information

I grant the Quapaw Nation of Oklahoma Department of Higher Education the authority to contact educational institutions, and testing companies (including those for ACT and the SAT) regarding my application for funding. This authority extends to obtaining my transcripts, verifications of enrollment, class standings, ACT and SAT registration/attendance/testing/scores/data.

Signed: _____ Date: _____

Student signature

Signed: _____ Date: _____

Parent/Guardian Signature (if required)

CHECKLIST

1. Application Packet (completed) _____
2. Proof of Registration _____
3. Proof of Attendance _____
4. Copy of Tribal Enrollment Card _____
5. Copy of Social Security Card _____
6. Copy of Picture ID (or current school picture) _____
7. Agreement (Signed and dated) _____
8. Authorization for Release of Information form (signed and dated) _____