

SHAWNEE TRIBE ACHIEVEMENT AWARD APPLICATION

FILL OUT COMPLETELY & MAIL TO:

EDUCATION COMMITTEE

PO Box 189

MIAMI, OK 74355

OR BRING TO MIAMI TRIBAL OFFICE 9:00AM-3:00 PM, M-F:

SHAWNEE TRIBAL OFFICE

29 SOUTH HIGHWAY 69A

MIAMI, OK 74354

NAME _____

SHAWNEE TRIBE ROLL NUMBER _____

ADDRESS _____

PHONES _____

(PLEASE NOTE IF HOME OR WORK)

BEST TIME TO CALL _____

E-MAIL _____

NAME OF SCHOOL _____

(ATTACH COPY OF DIPLOMA)

THIS SCHOOL IS A _____ **HIGH SCHOOL** _____ **2-YR / JR. COLLEGE** _____ **4-YR COLLEGE**

_____ **OTHER (DESCRIBE)**

ADDRESS _____

PHONE FOR OFFICE AT SCHOOL _____

I COMPLETED A _____ **HIGH SCHOOL DIPLOMA** _____ **ASSOCIATE'S DEGREE**

_____ **BACHELOR'S DEGREE** _____ **MASTER'S DEGREE**

(ATTACH COPY OF DIPLOMA AND TRANSCRIPT FROM SCHOOL)

EVERYTHING ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE. THE SHAWNEE TRIBE HAS MY PERMISSION TO CHECK INFORMATION WITH THE SCHOOL I HAVE LISTED.

SIGNATURE _____

DATE _____

Received by Shawnee Tribe
on:

PLEASE PRINT