

Higher Education Program  
P.O. Box 825  
Anadarko, OK 73005



Toll Free 1-800-203-2121  
Phone (405)247-2448  
Fax (405)247-5942

## College Financial Assistance

The program's main focus will be to offer college students financial support during the semester to assist with various college expenses. Eligible applicants will receive assistance in the amount of \$500 for FULL TIME freshman/sophomore and \$1000 for FULL TIME junior/seniors and post graduate students per semester

**THIS FORM MUST BE SUBMITTED EVERY SEMESTER**

Name \_\_\_\_\_ Enrollment# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Name of College \_\_\_\_\_ Major \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Graduation  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

What semester are you requesting for? Choose one ☐ FALL ☐ SPRING ☐ SUMMER

**Receipts MUST be submitted at the end of each semester**

*My signature below will indicate that I have agreed to the following conditions for funding. The information contained in this application contains no falsification and all items are true and correct. I understand that any false statements made herein would result in a voided application. I declare that I will use all funds from the Delaware Higher Education Program solely for expenses connected to attending the College/University listed above.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME