



Kiowa Tribe

HIGHER EDUCATION DEPARTMENT

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VERIFICATION OF ENROLLMENT FORM

STUDENT APPLICANT: _____
(PLEASE PRINT) LAST NAME FIRST NAME TRIBAL ENROLLMENT NO.

PARENT (IF STUDENT IS UNDER 18): _____
(PLEASE PRINT) LAST NAME FIRST NAME

PLEASE READ CAREFULLY:

THIS FORM MUST BE FILLED OUT BY A SCHOOL COUNSELOR OR ADMINISTRATOR. VERIFICATION FORMS FROM EDUCATIONAL INSTITUTIONS ARE ALSO ACCEPTABLE. A VERIFICATION OF ENROLLMENT FORM MUST BE ON FILE FOR EACH STUDENT BEFORE FINANCIAL ASSISTANCE CAN BE PROCESSED.

AUTHORIZATION FOR RELEASE OF INFORMATION: MY SIGNATURE INDICATES I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE KIOWA HIGHER EDUCATION GRANT PROGRAM.

APPLICANT/PARENT SIGNATURE: _____ DATE: _____

DEAR SCHOOL OFFICIAL: PLEASE VERIFY WHETHER THE ABOVE-NAMED STUDENT IS ENROLLED AS A STUDENT THIS UPCOMING YEAR.

I VERIFY THE ABOVE NAMED STUDENT, _____
IS ENROLLED FOR THE UPCOMING 2018-2019 ACADEMIC YEAR AT THIS INSTITUTION, THE NAME OF WHICH IS:

(SIGNATURE OF SCHOOL COUNSELOR/ ADMINISTRATOR) (DATE)

FOR OFFICE USE ONLY: GIFT CARD NUMBER: _____

KIOWA TRIBE STAFF MEMBER SIGNATURE

DATE