

**SAC AND FOX NATION  
RAP ALLOCATION PLAN (RAP) GUIDELINES  
12<sup>th</sup> GRADE GRADUATION ASSISTANCE GRANT  
12/30/15**

**PURPOSE OF PROGRAM:**

The 12<sup>th</sup> Grade Graduation Assistance Grant assists tribal members graduating from high school funds to purchase senior items such as: cap and gown, announcements, senior pictures, and/or a class ring.

**GUIDELINES:**

- Students must be an enrolled member of the Sac and Fox Nation. Applicant must submit a copy of their tribal membership card (CDIB).
- The student must complete the application, sign and date the privacy statement, and **submit an invoice** for the item(s) they plan to purchase. The vendor's W-9 must also be included if the vendor has not worked with the Sac and Fox Nation before.
- The amount of the grant is up to \$500.00, which is **paid directly to the vendor(s)**.

The Education Department begins receiving applications in the fall of a student's senior year. The Education Department begins to receive the required information/documents **prior** to the end of the school year and at that time payments begin to be processed. This program has a limited budget; therefore, it operates on a **first-come, first-served basis**. The grant is used to provide funding for services to as many tribal members as possible.



**Sac & Fox Nation**  
**Education Department**  
**920883 S. Highway 99, Stroud, OK 74079**

Administration: Tel: (918) 968-3526  
Learning Center: Tel: (918) 968-3526; \* Fax (918) 968-0542

**12<sup>TH</sup> GRADE GRADUATION ASSISTANCE GRANT FORM**  
**School Year: Fall \_\_\_\_ through Spring \_\_\_\_**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City State ZIP  
DOB: \_\_\_\_\_ Sac and Fox Nation Roll #: \_\_\_\_\_

**\*\*\*Must provide a copy of Sac and Fox Nation tribal membership card (CDIB). Faxed application forms will NOT be accepted.**

APPLYING FOR: \_\_\_\_\_ Class Ring \_\_\_\_\_ Senior Pictures  
\_\_\_\_\_ Cap & Gown \_\_\_\_\_ Graduation Announcements

**\*\*\*VENDOR INVOICE IS REQUIRED. ORDER FORMS WILL NOT BE ACCEPTED.**

**CERTIFICATION**  
**TO BE COMPLETED BY SCHOOL OFFICIALS ONLY**

I hereby certify that \_\_\_\_\_, is duly enrolled at \_\_\_\_\_  
(Name of Student) (Name of School)  
in the 12<sup>th</sup> grade.

Date of Graduation: \_\_\_\_\_ Affix school seal  
An address stamp may be substituted

\_\_\_\_\_  
Signature of Registrar or Principal

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## PRIVACY STATEMENT

The Privacy Act provides safeguards against an invasion of privacy through the misuse of records by federal agencies. Agencies which maintain a system of records on individuals are required to inform those persons on the following:

- The authority by which the agency is authorized to solicit the information and whether the disclosure of such information is mandatory or voluntary.
- The use or purpose for which the information will be used.
- The effects on the individual, if any, for not providing all or any part of the requested information.

The Sac and Fox Nation College Education Programs operate under the general authority of the Sac and Fox Governing Council policies. In accordance with the accountability required for the administration of funds appropriated for the program and to determine eligibility, certain information is required of applicants. This form authorizes the solicitation of the required information.

The applicant should understand that the intent of collecting and maintaining the data on individuals is for determining eligibility of the applicant and to provide the means to produce statistical records required for this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility for the award. The Sac and Fox Nation may also list in the Tribal newspaper a list of student names who have received awards.

I have read the statement on privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

WITNESSES SIGNATURE \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_