





# Sac & Fox Nation

Johnson O'Malley/Higher Education/Adult Vocational Training  
**920883 S. Highway 99; Stroud, OK 74079**

Administration: Tel: (918) 968-3526; Fax: (918) 968-4837

Learning Center: Tel: (918) 968-0509; Fax (918) 968-0542

**Sac & Fox Nation  
Higher Education Program**

**Release of Information Form**

I, \_\_\_\_\_, hereby authorize the Office of Admissions and /or Registrar of \_\_\_\_\_ (School Name) to release the information indicated below to the office of Higher Education of the Sac and Fox Nation for the term or terms indicated below to:

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

**Fall / Spring Semester - 20\_\_ to 20\_\_**

This Release of Information form will remain in effect for one and only one year from date of student signature.

- \_\_\_\_\_ Complete College Transcript
- \_\_\_\_\_ Hours enrolled / class schedule
- \_\_\_\_\_ Mid-term grades
- \_\_\_\_\_ Mid-term withdrawals
- \_\_\_\_\_ Final Grades
- \_\_\_\_\_ End of term absences
- \_\_\_\_\_ End of term withdrawals
- \_\_\_\_\_ Other (Specific information released):

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Student

\_\_\_\_\_ Student Social Security Number



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## FINANCIAL NEEDS ANALYSIS FORM

### Student Information:

Please print

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_ Telephone Number \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of Children & Ages: \_\_\_\_\_

Name of Indian Parent(s) – Include Tribal Affiliation: \_\_\_\_\_

### FINANCIAL STATUS INFORMATION TO BE COMPLETED BY FINANCIAL AID OFFICER

#### Academic Year:

Approved Student Budget		
Length of training Time: Yrs. _____	Months: _____	Semesters: _____
<b>SCHOOL FINANCIAL EXP.</b>	<b>STUDENT RESOURCES</b>	<b>AWARDS</b>
Tuition \$	Family Contribution \$	Pell \$
Fees \$	Student Contribution \$	SEOG \$
Books \$	Veteran's Benefits \$	W.S. \$
Supplies \$	Social Security \$	NDSL \$
Room/Board \$	Vocational Rehab. \$	GSL
Dep. Allowance \$	A.F.D.C. \$	Tuition Waiver \$
Miscellaneous \$	Fellowships \$	State Tuition \$
Other \$	IHS Grants \$	Other \$
Itemized Misc. & Other Expenses	State Ind. Grants	
	Other (list) \$	
<b>Total Exp.</b>	<b>Total Resources</b>	<b>Total Award \$</b>

Total Expense (-) Total Resource = \$ \_\_\_\_\_ Total Financial Need

Total Financial Need (-) Total Award = \$ \_\_\_\_\_ Total UNMET Need

I certify that this student aid package is consistent in type and amount with packages prepared for students in similar circumstances who are not eligible for BIA educational grants.

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Name of Financial Aid Officer – Please Print

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City/State/Zip

\*\*Please send completed form to: Sac and Fox Nation Higher Education Program, 920883 S. Highway 99, Stroud, Oklahoma 74079.