

QUAPAW NATION HIGHER EDUCATION



FY 2020-2021
ACT & SAT
FUNDING/REIMBURSEMENT
&
STUDY/TEST PREP MATERIALS
REQUEST

Quapaw Nation Higher Education

P.O. BOX 765, 5681 S. 630 RD., QUAPAW, OK 74363 918-542-1853 Ext. 0211

STUDENT INFORMATION:

Name: _____
First Name Middle Initial Last Name

Age: _____ Quapaw Nation Enrollment # _____ Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____ Male ___ Female ___

Mailing Address: _____
Street/P.O. Box City State ZIP

Home Phone: () _____ Cell Phone: () _____

Alternate or Message Phone: () _____

Email: _____

PARENT INFORMATION:

Name: _____
First Name Middle Initial Last Name

Age: _____ Quapaw Nation Enrollment # _____ Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____ Male ___ Female ___

Mailing Address: _____
Street/P.O. Box City State ZIP

Home Phone: () _____ Cell Phone: () _____

Alternate or Message Phone: () _____

Email: _____

EDUCATION INFORMATION:

School Attending: _____

School Address: _____
Street/P.O. Box City State ZIP

School Counselor: _____ Phone: () _____

Email: _____

School Principal: _____ Phone: () _____

Email: _____

GRADE: 7 8 9 10 11 12

TESTING INFORMATION:

Test you will be taking:

ACT ACT w/ Writing ACT Subject Exam(s) SAT SAT w/ Essay SAT w/ Subject Tests

Testing Date: _____ Testing Code: _____ Testing Site: _____

Test Code: _____

Have you applied for Quapaw Nation Higher Education ACT or SAT funding/reimbursement before? YES
NO

If yes, when? _____

Check One:

_____ I HAVE REGISTERED & PAID for the test and am requesting reimbursement.

_____ I HAVE REGISTERED for the test but HAVE NOT PAID and am requesting funding.

_____ I HAVE NOT REGISTERED OR PAID for the test and am requesting funding.

Do you qualify for a fee waiver? YES NO

If so, have you used your fee waiver(s) yet? YES NO

FUNDING/REIMBURSEMENT AGREEMENT:

I, _____, agree to provide:

Test Registration and Test Attendance documentation to Quapaw Nation Higher Education.

If I **do not** supply this documentation (or any other supporting documents required with this application), **I understand that one of the following terms will apply:**

A. I will not be reimbursed if I have already taken the test.

B. I will not be funded for the test if I have not yet taken it.

C. I will not be eligible for further funding of any kind from the Department of Higher Education if I received funding, but did not take the test, and did not return monies received for the test back to the Quapaw Nation’s Department of Higher Education. (If monies received are returned, then this term will not apply to Quapaw Tribe student/Tribal Member.)

I also understand that **if I qualify for the test Fee Waiver available through my school district, I must utilize the Fee Waiver first** before using the ACT/SAT Funding/Reimbursement Funding provided by Quapaw Nation Higher Education.

I understand that I will only receive funding/reimbursement for exams and/or study/test prep materials. Any other options for late registration, testing, scores, reception of scores, data, etc. will be my financial responsibility.

I agree to supply the Quapaw Nation Higher Education with a copy of my test scores for each test funded or reimbursed by the Department. (This information will be kept private and will be used for data purposes only.)

Student Signature

Date

Parent/Guardian Signature (if required)

Date

Release of Information

I grant Quapaw Nation Higher Education the authority to contact educational institutions, and testing companies (including those for ACT and the SAT) regarding my application for funding. This authority extends to obtaining my transcripts, verifications of enrollment, class standings, ACT and SAT registration/attendance/testing/scores/data.

Signed: _____ Date: _____
Student signature

Signed: _____ Date: _____
Parent/Guardian Signature (if required)

STUDY/TEST PREP MATERIALS REQUEST:

I am applying for study/test prep materials for:

(circle one) ACT SAT

I would like to receive:

- Complete Study/Test Prep Guide
- Specific area study/test prep guide

Please list which area(s) _____

Have you received any study/test prep materials from QNHE during the previous funding year?

(circle one) YES NO

CHECKLIST:

1. Application Packet (completed) _____
2. Proof of Registration _____
3. Proof of Attendance _____
4. Copy of Tribal Enrollment Card _____
5. Copy of Social Security Card _____
6. Copy of Picture ID (or current school picture) _____
7. Agreement (Signed and dated) _____
8. Authorization for Release of Information form (signed and dated) _____
9. IF requesting study/test prep materials, page completed _____

FOR QNHE OFFICE USE ONLY:

Date application received: _____

Date application reviewed: _____

Reviewed by: _____

Initial Review:

Application is: Complete Incomplete _____

Documentation is: Complete Incomplete

Item(s) missing from application: _____

Action taken: _____

Student is requesting: Exam Funding/Reimbursement _____

Which Exam? ACT _____ SAT _____

Exam Funding/Reimbursement:

Approved Date: _____ Amount: _____

Pending Date: _____ Reason(s): _____

Denied Date: _____ Reason(s): _____

Student is requesting Study/Test Prep Materials _____

Which Study/Test Prep Materials? ACT _____ SAT _____

Complete Guide _____

Specific Area(s): _____

Approved: Date: _____ Materials & Amount: _____

Pending: Date: _____ Reason(s): _____

Denied: Date: _____ Reason(s): _____