



United Keetoowah Band of Cherokee Indians In Oklahoma
Department of Education
 18263 W. Keetoowah Circle
 P.O. Box 746, Tahlequah, OK 74465
 Phone Number: (918) 456-8698 or 453-2569
 Fax Number: (918) 453-1267
 Toll Free Number: 1-800-259-0093

GRADUATION BONUS APPLICATION 2006-2007

Date _____ UKB District _____ UKB Roll # _____ Social Security # _____			
APPLICANT NAME:			
Last _____ First _____ Middle _____ Maiden _____			
MAILING ADDRESS:			
Number/Street/Route/Box _____		City _____	State _____ Zip _____
PHONE NUMBERS: Home# _____		Work# _____	Cell# _____ email _____
BIRTHDATE (month/day/year) _____		City _____	State _____

NAME OF SCHOOL ATTENDED: _____		
Address City/State/Zip _____		
Grade Level _____	Overall G.P.A. _____	Hrs. completed _____
What degree/license have you obtained? _____		

LANGUAGE SURVEY: Check all that apply in regards to the Cherokee Language			
<input type="checkbox"/> Speak Fluently	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Understand

I understand this information is being collected to determine my eligibility for Graduation Bonuses. I authorize the UKB Education Department to verify all information I have provided on this application. I certify this information is true and correct to the best of my knowledge and also understand that willful false statements or misrepresentations may cause my application to be voided. I also understand that this application is not a binding contract and does not bind either party.

<i>Signature of Applicant</i> _____	Date _____
-------------------------------------	-------------------

Application Document Checklist

<input type="checkbox"/> Application
<input type="checkbox"/> Verification of Graduation (includes):
<input type="checkbox"/> Diploma or License
<input type="checkbox"/> Official Transcript
<input type="checkbox"/> Copy of UKB Membership Card
<input type="checkbox"/> Picture (for publicity purposes)

FOR OFFICE USE ONLY:
<input type="checkbox"/> APPROVED
<input type="checkbox"/> NOT APPROVED
REASON: _____
BY: _____ DATE: _____

Return the completed application to the Education Office with the required documentation listed.