

**CREEK NATION HIGHER EDUCATION  
TRIBAL FUNDS  
VERIFICATION OF STUDENT ENROLLMENT**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SCHOOL YEAR 20 \_\_\_\_\_

FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_

NO. OF HOURS ENROLLED \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL OFFICIAL SIGNATURE

This is to verify that the above named student is enrolled at the college or university listed above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOLARSHIP OFFICER

**RETURN TO: HIGHER EDUCATION TRIBAL GRANTS, CREEK NATION OF OKLAHOMA  
P.O. BOX 580, OKMULGEE, OKLAHOMA 74447**