

KAW NATION
EDUCATION DEPARTMENT
P.O. BOX 50
KAW CITY, OK 74641
TEL. #580/269-1186 FAX #580/269-2116 E-MAIL: www.khowe@kawnation.com

Kaw Nation Education Programs
Renewal application for **continuing** students for the **2010 SPRING SEMESTER**

Applicant s Name: _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

E-mail address: _____

Telephone # : _____ Social Security # _____

Marital Status: Single_____ Married_____ Divorced_____ # in family _____

Date of Birth: _____ Age_____

College Attending: _____

Degree Expected: _____ Year: _____

College Classification (circle one) Freshman Sophomore Junior Senior

*Credit hours earned: _____ Credit hours needed to graduate: _____

Major: _____ Minor: _____

Are you receiving Pell? Yes___ No___ Have you re-applied for PELL this semester? Yes___ No___

If you have not re-applied for PELL for the 2009-2010 school year please remember to do so.

Are you currently working ? Yes_____ No_____ Full-time_____ Part-time_____

Please include a copy of your 2009 FALL grades and a copy of your 2010 SPRING class schedule with your renewal application. These items are needed before grants are mailed to the financial aid office.

***This information should be accurate. Please check with your advisor or with student records.**