



OICWA

3rd Annual Oklahoma Indian Child Welfare Conference

“Knowledge, Culture, and Resources:
Keys to Building Strong Families and Nations”

November 18-19, 2010

Hilton Tulsa Southern Hills ~ Tulsa, OK

Conference Scholarship Application

This form is interactive. Please complete form and send to OICWA by **1)** mail to P.O. Box 1274, Shawnee, OK 74802-1274; **2)** fax to 918-287-5231 Attn.: Melody Kirk; or **3)** email to escreechowl@osagetribe.org. Scholarships are limited and may not cover all expenses associated with attending the conference. Requests for scholarships will be considered on a case-by-case basis. Scholarship Agreement Section below must be completed. Application will not be considered if incomplete.

Submission Deadline: August 15, 2010

Applicants awarded scholarships will be notified by September 15, 2010

Applicant Information:

Please print

* Indicates a required field

*First Name:

*Last Name:

*Check One:

- Foster Parent** (Must be currently certified by a tribal child welfare agency, Oklahoma Department of Human Services (DHS), or a therapeutic foster care agency)

*Certification: DHS TFC Agency Tribe

List TFC Agency or Tribe:

- Student** (Must be enrolled and attending classes during institution’s current or next session in 2011)

*College/University/Vocational Technical School:

*Mailing Address:

*City/State/Zip Code:

*Phone Number:

Fax Number:

*Email Address:

Scholarship Information:

*Scholarship Requested (Check one only):

- Registration
- Lodging
- Registration & Lodging

Scholarship Agreement (Please complete the following):

____ I understand that scholarship recipients must attend all conference sessions (general and workshop).
Initial

____ I understand and agree that if I do not attend the conference in its entirety, I will be required to
Initial reimburse the actual cost of the scholarship benefits awarded to me.

____ I understand that reimbursement must be made within 10 business following conclusion of the
Initial conference and that failure to do so may result in disqualification from future scholarship opportunities.

Benefits to Participant (Please explain reason for request and how attending this conference will benefit you):

Signature of Applicant: _____

Date: _____

Send completed form to OICWA:

By mail:

OICWA
P.O. Box 1274
Shawnee, OK 74802-1274

OR

By Fax:

918-287-5231
Attn: Melody Kirk

OR

By Email:

escreechowl@
osagetribe.org

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