



THLOPTHLOCCO TRIBAL TOWN HIGH SCHOOL APPLICATION

STUDENT NAME: _____
(Last) (First) (MI)

Address: _____ **County:** _____
(Address - City - State - Zip)

Social Security#: _____ **Date of Birth:** _____

Phone#: _____ **E-mail:** _____

School Name: _____ **School Phone#:** _____

School Address: _____

School Year: _____ **Anticipated Graduation Date:** _____

ACT/SAT Reimbursement: _____ **High School Assistance:** _____

****Original receipts or Invoices need to be submitted with application along with a copy of the students TTT citizenship and social security cards****

PLEASE LIST ALL HOUSEHOLD MEMBERS					
Household members (not including applicant)	Date of Birth			School Grade if relevant	Relation to Applicant
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Parent/Guardian Signature: _____

Student Signature: _____ **Date:** _____

P.O. BOX 188 * Okemah, OK 74859
Main Number: 918-560-6198 * Toll Free: 1-866-988-8696
FAX: 918-623-3023