

STEWARD-NEWKIRK/OPPORTUNITIES DEVELOPMENT CORPORATION APPLICATION

Name:		Social Security #:	
Mailing Address:		Drivers License #:	
City, State, Zip:		Telephone #: () 	
Parent's Address:		Birthdate:	
City, State, Zip:		Birthplace:	
U.S. Citizen: <i>(Please circle correct answer)</i> YES NO		Gender: <i>(Please circle)</i> MALE FEMALE	
Marital Status: <i>(Please circle correct answer)</i> SINGLE MARRIED WIDOWED SEPARATED			
Number of Dependents:		Highest grade in school completed:	
Any disabilities: <i>(Please circle correct answer)</i> YES NO		<i>If yes, please describe in the space below:</i>	
List two credit references:			
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone #: () 		Telephone #: () 	
List one Educational Reference:		List one Personal Reference:	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Telephone #:		Telephone #:	
Name of Educational Institution you would like to attend:			
Name:		Chisholm Trail Technology Center	
Address:		283 State Hwy 33	
City, State, Zip:		Omega, OK 73764	
Telephone #:		(405) 729-8324	
Course of Study contemplated:			
Length of Time to complete:			
Financial Information			
Costs:		Resources from:	
Tuition & Fees:		Savings:	
Books:		Scholarships:	
Room:		Parent or Guardian:	
Meals:		Income:	
Travel:		Part time Income:	
Clothing:		Income of Spouse:	
Personal:		G. I. Benefits:	
Other:		This Grant:	
Total:		Total:	
Total Amount Requested:			

*Make sure writing is neat and legible.
 *Application is due to the Financial Aid Office
 no later than September 13th at 3:00pm.

 Signature of Applicant

 Date