

**OKLAHOMA TUITION AID GRANT PROGRAM  
AWARD CLAIM FORM**

**TEXT FILE TRANSMITTAL FORM**

Educational Institution: East Central University  
Institutional Code: 003154  
Institutional Representative: \_\_\_\_\_  
Printed Name Title

**TEXT FILE DESCRIPTION**

Text File Date:  File Name:   
Number of records from Institution:

**INSTITUTION'S CERTIFICATION**

Oklahoma Tuition Aid Grant award status is requested for the students included in the Award Claim submitted by my institution on the date indicated on this form.

Each student listed in my institution's Award Claim meets all Oklahoma Tuition Aid Grant Program eligibility requirements, including Oklahoma residency, as well as general federal Title IV student aid eligibility requirements.

**Signature of Authorized Institutional Representative**

**Date**

**PLEASE RETURN THIS FORM TO:**

Oklahoma Tuition Aid Grant Program  
P. O. Box 108850  
Oklahoma City OK 73101-8850

**Fax: 405.225.9392**

Telephone: 405.225.9456 or Toll Free 800.858.1840