

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

FTP TRANSMITTAL FORM

Educational Institution: Rose State College

Institutional Code: 009185

Institutional Representative: _____
Signature Title

FTP DESCRIPTION

FTP 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 Form submitted by my institution on the date indicated on this form.

Each student listed in my institution's Award Claim Form 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 877.662.6231