

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

TEXT FILE TRANSMITTAL FORM

Educational Institution: Southeastern Oklahoma State University

Institutional Code: 003179

Institutional Representative: _____
Printed Name Title

TEXT FILE DESCRIPTION

Text File Date:

File

seoacfi.txt

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