

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

**FTP TRANSMITTAL FORM**

Educational Institution: Southwestern Oklahoma State University

Institutional Code: 003181

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