



# Modoc Nation Education Scholarship

Wak lis i,

Modoc Nation feels that education is extremely important and especially wants to support our members with special needs. If your enrolled child has a disability that requires an Individual Education Plan (IEP) or a 504 Plan, you are eligible for \$2000 per semester for reimbursement of services/equipment deemed as necessary educational supports paid for by the parent/guardian. These can include, but are not limited to:

- ◆ Tutoring
- ◆ Learning assistance
- ◆ Educational Resources/services
- ◆ Tuition for Private School
- ◆ Laptop computer (provided by Modoc Nation)
- ◆ Special Education information
- ◆ Assistance understanding your child's IEP/504 Plan
- ◆ Assistance for Parent Advocacy
- ◆ Etc.

Mail your application and supporting documents by the specified deadline to:

## **Modoc Nation**

Attn: Annette Clark

22 N. Eight Tribes Trail

Miami, OK 74354

If you have any questions you can reach Annette Clark, Director of Education, by phone at 918-994-1819 or email [annette.clark@modocnation.com](mailto:annette.clark@modocnation.com).

**at untsa'g nat'tnag pa-uapk tu'm mbo'sant**

***"then, as to the future, ye shall eat plenty tomorrow"***





Special Needs Application  
Grade K through 12<sup>th</sup>

SCHOOL YEAR \_\_\_\_\_

For tribal students in K through 12<sup>th</sup> grade with an Individualized Education Program (IEP) or 504 Plan, who have a diagnosed disability that directly impacts their educational needs or performances. "Special needs" is defined as, "any of various difficulties (such as a physical, emotional, behavioral, or learning disability or impairment) that causes an individual to require additional or **specialized** services or accommodations in education".

Please complete and return the following original application. Submit copies of your child's physicians' statement, proof of current IEP or 504 plan, tribal membership card, and birth certificate.

\_\_\_\_\_  
Child Name

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
City State zip

\_\_\_\_\_  
Phone Day

\_\_\_\_\_  
Phone Evening

D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
Custodian Parent's Printed Name

\_\_\_\_\_  
Custodial Parent e-mail

Describe your child's special needs or disability: (**Must** include a copy of your health provider's statement and proof (can be confirmation letter) of your child's school approved IEP or 504.)

\_\_\_\_\_  
\_\_\_\_\_

Please mark the services you are requesting for your child:

1. \_\_\_\_\_ Tutoring (Tutor qualifications and payment rates will need to be submitted.)
2. \_\_\_\_\_ Lap Top (Tribe will provide upon approved request)
3. \_\_\_\_\_ Private School (Must be accredited)
4. \_\_\_\_\_ Other: Please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Custodian Parent Signature

\_\_\_\_\_  
Date