



College Resource Center Faculty Stole Program

The Cherokee Nation Stole program is available for college/university students or faculty who are current citizens of the Cherokee Nation. The program offers the opportunity to receive a graduation stole to represent the Cherokee Nation. Under this program, students or faculty members who are Cherokee Nation tribal citizens will receive one graduation stole, as long as eligibility requirements are met.

The faculty member is responsible for obtaining permission, from the college/university, to wear the stole during commencement. Application should be made at the beginning of the needed semester.

Upon receipt of a complete application packet, the stole will be sent via U.S. Mail to the address listed on the application or stoles may be picked up in the College Resource Center office located in Tahlequah, OK.

ELIGIBILITY:

Cherokee Nation Citizen (verified by the Cherokee Nation Registration Database)
Employment verification by college/university (see application)

REQUIRED DOCUMENTS:

1. Application

DEADLINES

Fall Graduation: November 30 for mailing

Spring Graduation: April 30 for mailing

Please email or mail application and required documents to advisor below:

College Resources

collegeresources@cherokee.org

918-453-5000 x5465

Mailing:

Cherokee Nation
c/o College Resource Center
PO Box 948
Tahlequah, OK 74465-0948

FACULTY



Cherokee Nation College Resource Center Faculty Stole Program

NAME: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ GENDER: __ M __ F CHEROKEE CITIZEN #: _____

ADDRESS: _____ CN DISTRICT # (if applicable): _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

COLLEGE/UNIVERSITY NAME: _____

HAVE YOU EVER BEEN FUNDED BY THE CHEROKEE NATION SCHOLARSHIP PROGRAM TO COMPLETE DEGREE REQUIREMENTS? _____ YES _____ NO

GRADUATION CEREMONY DATE: _____ Month _____ Day _____ Year

THIS SECTION TO BE COMPLETED BY APPLICANT'S EMPLOYER (Human Resources):

Name of Employer: _____

Employee Name: _____ Job Title: _____
Print Name

Presently Employed: _____ Yes _____ No Years of employment: _____

HR Representative Printed Name Email

HR Representative Signature Date Phone #

PLEASE CHOOSE METHOD OF DELIVERY: _____ MAILED _____ PICK UP

REQUIRED DOCUMENTS:

- 1. Application

I hereby grant consent to Cherokee Nation College Resource Center to share my information, such as name, address, phone number, and/or email to other programs within Cherokee Nation or its Business Entities for recruitment of employment or other opportunities related to my degree.

Applicant Signature

Date

Email application and required documents to:
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OR

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