College Resource Center
Stole Program

The Cherokee Nation College Resource Center rewards students striving to complete continuing education goals and academic success. The Stole program is available for college students who are currently graduating and are Cherokee Nation citizens. The program offers the opportunity to receive graduation stoles for one Associate (Art, Science or Applied Science –Nursing), Bachelors, Masters or Doctoral Degree. Under this program citizens will receive one graduation stole per degree level.

Students graduating from high school, vocational program or proprietary schools are not eligible.

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

ELIGIBILITY
Cherokee Nation Citizen
Cumulative GPA of 2.00 or Higher
Completing an Associates (limited), Bachelors, Masters or Doctoral Degree

REQUIRED DOCUMENTS
1. Application
2. Letter from school official that include the following details:
   a. Student Name
   b. Degree Type
   c. Major
   d. Commencement Date
3. Most recent transcript (through last completed semester)

DEADLINES
Fall Graduates: November 30 (mailing purpose only)
Spring Graduates: April 30 (mailing purpose only)

Please email or mail application and required documents to:

EMAIL
Cherokee Nation College Resource Center
collegeresources@cherokee.org

MAILING
Cherokee Nation
c/o College Resource Center
P.O. Box 948
Tahlequah, OK 74465

For more information contact the Cherokee Nation College Resource Center: (918) 453-5465 or collegeresources@cherokee.org
Rev. 9.27.21
Cherokee Nation College Resource Center
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: _____________________________________________

DEGREE: ___ Associate (Art or Science) ___ AAS Nursing ___ Bachelor ___ Masters ___ Doctoral

MAJOR (Field of Study): ___________________________________________________

COMPLETION DATE (Commencement): ______ Month ______ Day ______ Year

FIRST GENERATION COLLEGE STUDENT? ____ Yes ____ No

PLEASE CHOOSE METHOD OF DELIVERY: ______ MAILED ______ PICK UP

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   b. Degree Type
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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

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collegeresources@cherokee.org

MAILING
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