

# OKLAHOMA'S PROMISE

## 2025-26 Scholarship Claim Form

**Institution:**

University

**School Code:**

U 645

**Semester**

Fall

Year: 20\_\_

Spring

Summer

Other

Person to whom check should be mailed or email notice given:

[suesmith@stateuniv.edu](mailto:suesmith@stateuniv.edu)

(please provide email address if applicable)

I certify that the Oklahoma's Promise awards for students listed below have been awarded within the student's federal cost of attendance limit and do not include any noncredit remedial courses. All listed students selected for Verification have completed that process. (Must provide name and title below or claims will not be paid.)

Sue Smith

Financial Aid Director

Name

Title

### I. Claims for students receiving Oklahoma's Promise scholarship funds

Last Name	First Name	SSN	Total Hours	OKPromise Rate	OKPromise Award	Adjusted Award
Smith	Joe	xxxxx2121	15	\$ 160.00	\$ 2,400.00	
Jones	Bob	xxxxx1313	12	\$ 160.00	\$ 1,920.00	

(No middle name or initial or suffix such as Jr.)

#### (Adjusted Awards & Hours)

Parra Ann xxxxx3113 16 \$ 160.00 \$ 2,560.00 \$ 2,200.00  
The student below is in 16 hours but has a reduced award. The reduced amount is closer to the 15 hours so change hours to 15.

<del>Birch</del>	<del>Molly</del>	<del>xxxxx1211</del>	16	<del>\$ 160.00</del>	<del>\$ 2,560.00</del>	<del>\$ 2,460.00</del>	
Birch	Molly	xxxxx1211	15	\$ 160.00	\$ 2,400.00	\$ 2,460.00	reduced award & hours

#### (Returns/Subsequent claim)

Davis	Frank	xxxxx2112	-12	\$ 160.00	\$ (1,920.00)	
Smith	Joe	xxxxx3121	-4	\$ 160.00	\$ (640.00)	
Jones	Bob	xxxxx2313	3	\$ 160.00	\$ 480.00	

# OKLAHOMA'S PROMISE

## 2025-26 Scholarship Claim Form

**Institution:**

*Type name of school-branch*

**School Code:**

V

**Semester**

x

Fall

Year: 20\_\_

Person to whom check should be mailed or email notice given:

(please provide email address)

Spring

Summer

Other

I have billed the tuition rate for my school by payment period for the clock hours associated with that payment period not to exceed \$4.00 per clock hour. I certify that the Oklahoma's Promise students listed below are enrolled in a postsecondary career technology program that meets the requirements to be eligible for federal student financial and further certify the funds have been awarded within the student's federal cost of attendance limit and do not include any noncredit remedial courses. All listed students selected for Verification have completed that process. (Must provide name and title below for claim to be paid.)

**Max. rate \$4.00**

**Name**

**Title**

### I. Claims for students receiving Oklahoma's Promise scholarship funds

Last Name	First Name	SSN	PROGRAM NAME	Total program clock hrs	Clock hrs per pmt. period	Tuition rate per clock hr	OKPromise Award	Adjusted Award
Newton	James	111111111	Aircrat Maint	1500	450	\$ 2.00	\$ 900.00	
Smiles	Sara	222121212	Dental Assist	1050	300	\$ 4.00	\$ 1,200.00	

Clock hour conversion to credit hour is 30:1