Indigenous Peoples Residency Benefit

Kansas Board of Regents: K.A.R. 88-3-8a and SB125, pg.193, Section (e)(1)

Student's Name: _____ Date: _____

Allen ID : _____

Allen E-mail: _____ @allencc.edu

Address of the place I live and sleep, not necessarily where I get my mail.

_____

Street Address City, State, Zip

Check One: ☐ New Student ☐ Continuing Student

Semester: ☐ Fall ☐ Spring ☐ Summer 20 _____

Students who are enrolled as a member of the following Nations are eligible for residency status at Kansas public institutions of higher education, regardless of the location of their residence:

- The Kickapoo Tribe of Indians of the Kickapoo Reservation in Kansas
- The Prairie Band Potawatomi Nation
- The Iowa Tribe of Kansas and Nebraska
- The Sac and Fox Nation of Missouri in Kansas and Nebraska

As well as those Indigenous Nations with historical connections to Kansas territories listed on the following website:
http://www.allencc.edu/academics/registrar/residency

STUDENTS TRIBAL AFFILIATION:

I am an enrolled member of the following Nation: _____

DOCUMENTATION REQUIRED:

If a student can demonstrate one of the following conditions they may be eligible for a Kansas Residency classification for tuition purposes without meeting the full residency requirements under Kansas Board of Regents: K.A.R. 88-3-8a

Certificate of Indian Blood OR Tribal Identification Card OR Tribal Enrollment Certificate

ATTESTATIONS:

By signing and dating below:

- I understand that this residency provision is in place from July 1, 2024, through June 30, 2025 and if maintain continuous enrollment (except summer terms & breaks) the resident tuition rate will continue to apply.
- I understand that falsified information can result in financial obligation (nonresident tuition) to dismissal from the College and that making a false writing is a felony under Kansas Law (K.S.A. 21-5824).
- I also understand that information from my application for admission and other College records will be considered as part of this verification.

Student Signature: _____ **Date:** _____

Return Signed and Completed Forms to:

Office of the Registrar
1801 North Cottonwood
Iola, Kansas 66749
haviland@allencc.edu