



Caddo Nation Education Department

Adult Education/ARPA Application

P.O. Box 487 - Binger, OK 73009

(405) 656-2344, Ext. 2055

Fax: (405) 656-0961

Dear Participant:

This is the Caddo Nation Adult Education/ARPA application packet. To qualify for assistance, applicant must submit:

1. Completed & Signed Adult Education/ARPA Application
2. Copy of Caddo Nation Enrollment card
3. Student Background/Goals
4. Letter of Verification from training facility (on letterhead): That verifies enrollment, length of program/course, costs of tuition, books, and any additional supplies needed.
5. Applicants must be beyond State Compulsory Attendance.
6. Certification of completion, when course is completed.

Only completed applications will be considered. Failure on the part of the applicant to provide the required information will preclude the applicant from eligibility in obtaining Adult Education/ARPA assistance.

ANY INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Repeat training services will be determined on an individual basis, taking into consideration the type of training already received, length of previous training session, whether it is sequential, the need for the training, prior performance and present motivation of the applicant.

PRIVACY STATEMENT

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C 1232g; 34 CFT Part 99) is the Federal law that protects the privacy of student education records. The law applies to recipients who receive Federal funding for educational purposes. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

WITH THIS STATED AND IN ACCORDANCE WITH THE FERPA, THE CADDO NATION EDUCATION DEPARTMENT WILL DISCUSS STUDENT INFORMATION WITH THE STUDENT APPLYING FOR ASSISTANCE ONLY.



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Applicant Information: (PLEASE COMPLETE ALL BLANKS)

Name: _____
Last First MI (Maiden name)

Home Address: _____
Street No./ Route/PO Box City State Zip

DOB: _____ Caddo Membership No: _____

Home Phone No. _____ Cell Phone No. _____ E-mail _____

Academic Information: (PLEASE COMPLETE ALL BLANKS)

Highest Grade Completed: _____ Yr. Graduated: _____ Received GED: Yes No Year: _____

College: Yes No Classification: Fresh Soph Jr. Sr. Other Accumulative Hrs. _____

Current Vocational Training Area: _____

Current School: _____
Name
Address City State Zip

STUDENT AGREEMENT

- I declare the information given by me on this form is true, correct and complete to the best of my knowledge. I consent to this information being shared by the Caddo Nation, my institution of higher learning, and other necessary agencies to complete my applicatio. I will contact the Financial Aid Office and apply for any financial aid available to me. If granted assistance from the Caddo Nation, I am aware the grant will be mailed to my Financial Aid Office. I agree to use the funds only for my approved educational expenses.
- If I do not make satisfactory progress in my chosen course of study, I may be denied future services through the Adult Education/ARPA funding.
- I also understand that persons submitting or causing to be submitted any false information in connection with any application, report, or other document, upon which the provision of Federal financial assistance or any other payment of Federal funds is based, may be subject to criminal prosecution under provisions such as sections 287, 371, or 1001 of title 18, U.S. Code.

I UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND ACCEPT ALL OF THE ABOVE CONDITIONS.

Student Signature Date



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This portion of the application is to gather information regarding the impact of the COVID-19 pandemic. Please answer all questions to the best of your ability and sign below. Thank you.

1. Has your institution moved to virtual instruction or have you chosen to move to virtual instruction due to the COVID-19 crisis? Yes No

2. Have you had a positive COVID-19 test? Yes No

3. Have you been or are you currently in quarantine? Yes No

4. Is there any change in the following for you recently? Yes No

No Change Expenditures Financial Income Financial Aid Debt

If yes, please explain:

5. Do you expect any additional expenditures in the foreseeable future? Yes No

If yes, please explain:

BY SIGNING BELOW, I DECLARE THAT THE INFORMATION I'VE PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Student's Signature

Date



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STUDENT BACKGROUND/GOALS

Please read and answer each question to the best of your ability.

Why are you seeking assistance at this time?

What type of assistance do you require?

Do you have any background experience in the Vocation Training Area that you have chosen?

What are your goals after you complete your training?

Additional Comments:

PUBLICITY CONSENT

I agree to allow my name and likeness to be used for positive promotion of the Caddo Nation Education Programs. This usually includes carefully selected photos, but is not limited to photos. Photos may be selected to be used in the Caddo Nation Education Department's section of the tribal web page, newsletter, brochure, or recruitment videos. Sensitive information, such as social security numbers, will never be released to the public. All photos are carefully selected to portray students in a positive academic, cultural, or recreational setting.

BY SIGNING BELOW, I AGREE AND CONSENT TO THE CONTENTS OF STATEMENT.

Student's Signature

Date



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PROMISSORY AFFIDAVIT

Students who are awarded the Caddo Nation Adult Education / ARPA funding must complete this document and submit it to our office before any funds will be made available for the payment of tuition, fees, or other educational expenses.

Print Full Name: _____ Social Security Number: _____
First, Middle, Last

As a recipient of the Caddo Nation Adult Education / ARPA funding: (Read carefully and initial)

___ I agree that after completion of the program for which I'm funded, I will provide copies of any certifications/licenses that I am issued.

___ I agree that after completion of the program for which I'm funded, if my prospective employer offers reimbursement for tuition, fees, or other educational expenses, I will provide to them the Caddo Nation's information for such reimbursement.

___ I agree to immediately notify the Caddo Nation Education Department if I am not able to complete the program for which I am funded.

___ I agree to repay the Caddo Nation the full amount of funding if I am not able to complete the program for which I am funded.

___ I agree that non-repayment of the full amount of funding will cause me to be indebted to the Caddo Nation and preclude me from receiving any further services from the Caddo Nation until such time that the debt is repaid.

Any false information provided by the program participant or use of funds for any purposes, lawful or unlawful, other than in payment for the cost of attendance at the authorized institution will be cause for immediate cancellation. Any program participant who has obtained funding through issue of a willfully false statement or failure to reveal any material fact, condition or circumstances affecting eligibility will be subject to applicable civil or criminal penalties.

BY SIGNING BELOW, I AGREE TO CONSENT TO THE CONTENTS OF THIS STATEMENT.

Student's Signature

Date