



## *Caddo Nation Education Department*

### Adult Education Program 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 (CNAEP) application packet. To be considered for assistance, applicant:

- Must be an enrolled member of the Caddo Nation
- Must be beyond the State Compulsory Attendance age
- Must reside within the jurisdiction of the Anadarko Agency (Caddo, Kiowa, Comanche, Cotton or Tillman Counties in the state of Oklahoma).

To qualify for program you must submit the following:

1. Completed & Signed Adult Education Application
2. Copy of Caddo Nation Enrollment card
3. Student Background/Goals, Publicity Consent
4. Proof of residency (current utility bill in applicant's name),  
or Notarized Proof of Residency Affidavit
5. Letter of Verification from training facility (on letterhead): That verifies enrollment,  
length of program/course, costs of tuition, books, and any additional supplies needed.
6. Notarized Release of Information
7. Applicants must be beyond State Compulsory Attendance.
8. Selective Service status or DD-214 (males 18 years and older)
9. Certification of completion, when course is completed, must be in file before  
future funding will be considered.

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 assistance under this program.

**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.



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#### PURPOSE:

The Program is designed to improve educational opportunities and occupational opportunities for Adult Caddo members who lack literacy skills for productive employment and assists tribal members to become self-sufficient and contributing members of society. Program services are offered on a first-come, first serve basis for completed applications.

#### PROGRAM ACTIVITIES

1. Literacy: Coordinates with existing community programs to provide tuition and supply assistance for courses needed to attain adequate skills to complete the GED test.

2. Short-term Training: Provides assistance for short-term training of one year or less. Some forms of assistance are: re-licensure/certification and upgrade training that will better equip and enable participants to either enter or retain employment; or short-term basic training in life skills such as computer training, tax preparation, specialty workshops such as Medicare, Social Security informational sessions and other related programs of interest or necessity that is chaired by experts.

3. Cultural Awareness Education: Short-term training by cultural experts for adult Caddoes to explore the arts, language, literature, genealogy and other such traditions of the Caddo people. Expenses for this program will be restricted to the cost of acquiring teaching material and per diem or honorarium for the instructor.

### **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.**

**ORIGINAL DOCUMENTS MUST BE SUBMITTED.  
FAXES/COPIES/EMAILS WILL NOT BE ACCEPTED!**



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NEW APPLICATION

REPEAT APPLICATION

Applicant Information: (PLEASE COMPLETE ALL BLANKS)

Name: \_\_\_\_\_  
Last First MI (Maiden name)

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

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Caddo Membership No: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Dependent #

Veteran:  Yes  No Do you have a Driver's License?  Yes  No

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 this program.

• 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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### **STUDENT BACKGROUND/GOALS**

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

1. Why are you seeking assistance at this time?

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2. What type of assistance do you require?

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

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4. What are your goals after you complete your training?

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5. Additional Comments:

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### **PUBLICITY CONSENT**

I agree to allow my name and likeness to be used for positive promotion of the Caddo Nation Education Program. 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.

**BYSIGNINGBELOW,IAGREETOCONSENT,ANDTHECONTENTSOFTHISSTATEMENTSTATEMENT.**

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Student's Signature Date



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### PROOF OF RESIDENCY AFFIDAVIT

**(TO BE COMPLETED BY RESIDENCE OWNER/RENTER AND  
CADDO NATION ADULT EDUCATION PROGRAM APPLICANT)**

*CURRENT UTILITY BILL IN THE RESIDENCE OWNER'S/RENTER'S NAME MUST ACCOMPANY THIS AFFIDAVIT.*

***This form shall be completed for applicants who are living within the jurisdiction of the Anadarko Agency and who are not the primary residence owner/renter. Complete all fields of this affidavit, in ink, in the presence of a Notary Public.***

I, \_\_\_\_\_, certify that I am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein; and also certify that I am living in a shared housing situation with \_\_\_\_\_, the applicant for services through the Caddo Nation Adult Education Program (CNAEP), and that the physical address of the housing property is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I 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.

This Proof of Residency Affidavit is valid for the current application being submitted ONLY.

I solemnly affirm under the penalties listed above that the content of this affidavit are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Printed Name of Residence Owner/Renter                      Signature of Homeowner/Renter                      Date

\_\_\_\_\_  
Printed Name of CNAEP Applicant                      Signature of CNAEP Applicant                      Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_



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### CONSENT TO RELEASE INFORMATION

#### INSTRUCTIONS:

1. Fill out all appropriate fields on this form, in ink, in the presence of a notary public
2. Send the original form to the address above, or hand deliver to the Caddo Nation Education Department

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(PLEASE PRINT) Last Name	First Name	Middle Name	Date of Birth
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#### AUTHORIZATION:

I hereby authorize the Caddo Nation Education Department to obtain information about me that is pertinent to my application for assistance.

I hereby authorize the Caddo Nation Education Department to make copies of this original, notarized Consent to Release Information form as needed, and such copies shall be treated as originals.

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Student's Signature	Date
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Signature of Parent/Guardian (If student is under the age of 18)	Date
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Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_