JOB PLACEMENT & TRAINING PROGRAM GUIDELINES/CHECKLIST

Program Services
2. Job Training (Adult Vocational Training): Partial costs for tuition, books and fees that are not covered by other sources (i.e. Pell Grant, etc.) OR Bi-weekly subsistence allowance payments for transportation, utilities, childcare, etc.

Eligibility For Both Programs: Must be an enrolled member of the Caddo Nation, must be 18 years of age or older, must reside within jurisdiction of the Anadarko Agency (Caddo, Kiowa, Comanche, Cotton, and Tillman Counties in the State of Oklahoma).

Additional Eligibility Criteria for Job Training: Must make application for the FAFSA (contact the Financial Aid Office at your school).

Required Documents: To qualify you must submit an application completed to the best of your abilities, and attach the following required (marked with a check mark) documentation before your application for services can be considered. (A single asterisk (*) indicates the form is included in the packet:)

- ✔ Marriage License or Divorce Decree (If Applicable)
- ✔ Copy of Birth Certificate(s), Social Security Card(s) for yourself and all dependents (If Applicable)
- ✔ Certificate of Degree of Indian Blood for yourself and all dependents (If Applicable)
- ✔ Proof of residency (current utility bill in applicant’s name)
- OR *Proof of Residency Affidavit MUST BE NOTARIZED
- ✔ Copy of High School Transcripts or GED (Also, College Transcripts, If applicable)
- ✔ Selective Service Status or DD-214 (If Applicable)
- ✔ Letter of Intent (Letter explaining why you want/need training)
- ✔ *Release of Information Form MUST BE NOTARIZED
- ✔ *Three (3) personal references which include name, address and zip codes (NO PHONE NUMBERS)
- ✔ *Statement of Understanding (Please read and sign)
- ✔ Letter of verification from training facility (on letterhead) that verifies enrollment, length of program/course, costs of tuition, books, and any additional supplies needed.
- ✔ Letter from supervisor/human resources department on company letterhead stating your job title, beginning wage, beginning date, date when first full paycheck will be issued, and expected duration of employment.
- ✔ *Financial Needs Analysis Form (to be completed by the training facility’s Financial Aid Office)

Failure to provide the required information/documentation will preclude the applicant from eligibility in obtaining job placement or job training assistance under this program. Incomplete applications will be considered inactive after one month.

Repeat Services
An applicant can receive only one (1) repeat service.
Caddo Nation Education Department
Job Placement & Training Program
P.O. Box 487
Binger, OK 73009
(405) 656-2344, ext. 0971

<table>
<thead>
<tr>
<th>NAME OF APPLICANT (Last, first, middle)</th>
<th>□ INITIAL (FIRST)</th>
<th>□ REPEAT REQUEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF SERVICE</td>
<td>□ Direct Employment Assistance</td>
<td>□ Institutional Training</td>
</tr>
</tbody>
</table>

| ADDRESS (Street, City, State) |

SECTION A. FORMAL REQUEST

I hereby apply for the type of service indicated above: ____________________________ (Point of destination)

and agree to cooperate with those officials designated to render this service. Financial assistance for this purpose □(is) □(is not) needed.

| Signature of Applicant (Spouse) | Date | Signature of Applicant (Head) |

SECTION B. RECOMMENDATION

(1) The above-named applicant is:

| (a) Eligible for Direct Employment Assistance | YES | NO |
| (b) In need of financial assistance         | YES | NO |
| (c) Eligible for Adult Vocational Training  | YES | NO |
| (d) RECOMMENDED                             | YES | NO |

Comments: (Place on reverse side) ____________________________ Date ____________________________ Signature of Reviewer

(2) For Institutional Training and Repeat Services:

| YES | NO |
| RECOMMENDED | YES | NO |

Comments: (Place on reverse side) ____________________________ Date ____________________________ Signature of Program Director
Caddo Nation Education Department
Job Placement & Training Program
P.O. Box 487
Binger, OK 73009
(405) 656-2344, ext. 0971

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

INFORMATION RECORD

<table>
<thead>
<tr>
<th>Social Security No.</th>
<th>_ _ _</th>
<th>_ _ _</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>Mailing Address:</th>
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<table>
<thead>
<tr>
<th>Veteran</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Single</td>
<td>Married</td>
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<table>
<thead>
<tr>
<th>Number of Dependents</th>
<th>Dependents</th>
<th>Children in School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Applying for</th>
<th>Request</th>
<th>In Case of Emergency</th>
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</thead>
<tbody>
<tr>
<td>Vocational Training</td>
<td>Initial</td>
<td>Name: ____________________</td>
</tr>
<tr>
<td>Direct Employment</td>
<td>Repeat</td>
<td>Address: ____________________</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Telephone No. __________</td>
</tr>
</tbody>
</table>

Education:
Highest Grade Completed: __________ Schools attended and Date(s): __________

Type of Training or employment you are interested in:

Do you have any physical limitations that would interfere with your training or employment? Yes____ No____
If yes, please explain ____________________________________________________________

Have you had previous training? Yes____ No____
If yes, please explain ____________________________________________________________

Training or Employment Location Desired: _______________________________________

For Training:
Course No. and Title: ____________________________________________________________
School and Address: ____________________________________________________________

Do you have income from any source? Yes____ No____ If yes, please explain _____________________________________________

EMPLOYMENT RECORD: (List your three most important periods of employment.)

From: ______ To: ______ Employer Name and Address: ____________________________
Job Title: ___________________ Description and Duties: ____________________________
Reason for Leaving: ____________________________________________________________

From: ______ To: ______ Employer Name and Address: ____________________________
Job Title: ___________________ Description and Duties: ____________________________
Reason for Leaving: ____________________________________________________________

From: ______ To: ______ Employer Name and Address: ____________________________
Job Title: ___________________ Description and Duties: ____________________________
Reason for Leaving: ____________________________________________________________
Part 1 – To Be Completed by Student

(Please Complete All Blanks)

(Print) Name: ____________________________ SSN: ____________________________

Last   First   MI

Address: _____________________________________________

St. No./Route/POB   City   State   Zip

Marital Status: _______  No. of Dependents: __

Training site/school: _____________________________________________

(Please Complete All Blanks)

Name   Address   City   State   Zip

Authorization for Release of Information

I authorize the above training site/school to release this Financial Needs Analysis Form, when completed, to the Caddo Nation Education Department.

_________________________ ____________________________
Student Signature        Date

Students: Please do not make any marks below this point and submit to your school’s Financial Aid Office when completed, signed and dated.

Part 2: To Be Completed by Financial Aid Administrator/Counselor

(Please Complete All Blanks)

____  Student applied for financial aid for the current academic year.

____  Student has not applied for financial aid. Need cannot be determined.

____  Student’s application is incomplete and cannot be considered.

Applicant is: (Circle appropriate number) 1. Full-time  2. Part-time.  Applicant is enrolled in how many hours? ______________

BUDGET PERIOD: CURRENT TERM ONLY, NOT FULL COURSE.  Start Date: ______________

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<thead>
<tr>
<th>Expenses</th>
<th>Resources/Awards/Scholarships</th>
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<tr>
<td>Tuition $ ____________</td>
<td>Parental $ ____________</td>
</tr>
<tr>
<td>Fees $ ____________</td>
<td>Student/Spouse $ ____________</td>
</tr>
<tr>
<td>Books/Supplies $ ____________</td>
<td>Student Incentive Grant $ ____________</td>
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<td>Veteran’s Asst. $ ____________</td>
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<tr>
<td>TOTAL $ ____________</td>
<td>Pell Grant $ ____________</td>
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<td>SEOG $ ____________</td>
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<td></td>
<td>Work Study $ ____________</td>
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<td></td>
<td>Tuition Waiver $ ____________</td>
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<tr>
<td></td>
<td>Voc. Rehab. $ ____________</td>
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<td></td>
<td>Other (i.e. EFC) $ ____________</td>
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<td></td>
<td>TOTAL $ ____________</td>
</tr>
</tbody>
</table>

Student’s unmet need is $ ____________ (Unmet Need = Expenses – Resources/Awards/Scholarships)

_________________________ ____________________________
Signature of Financial Aid Officer  Date  Phone Number

_________________________ ____________________________
College/University  Address  City/State/Zip

Financial Aid Administrator: Please return this completed form to the Caddo Nation Education Dept., P.O. Box 487, Binger, OK  73009. Thank you.
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 Job Placement & Training Program (JP&T), 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 JP&T Applicant Signature of JP&T Applicant Date

Subscribed and sworn to before me on this __________ day of ______________, 20_____.

My commission expires: ______________________________

Notary Public: ______________________________
Caddo Nation Education Department
Job Placement & Training Program
P.O. Box 487
Binger, OK 73009
(405) 656-2344, ext. 0971

I______________, do hereby affirm that I will abide by rules and regulation of the Job Placement & Training Program as follows:

1. I understand that it is up to me to be in class everyday, and abide by the rules and regulations set for attendance, (must not be absent more than 4 days a month), personal behavior, grades (2.6 grade average) and living arrangements. I further understand that I shall attend training as I would attend a job. If I am absent and the Caddo Nation Education Department staff member in charge of the Job Placement & Training Program determines that the absence is not justified, subsistence will be deducted for that day.

2. I understand that I am on a program that allows up to 24 months to complete (36 months for Registered Nursing students). However, this does not necessarily mean I have 24 months to complete training. EXAMPLE: If my course of training is 12 months in duration, I will be allowed 12 months to complete. If my training is interrupted by circumstances beyond my control, “Interrupted Status” arrangements can be made with the Caddo Nation Education Department staff member in charge and the training time can be adjusted accordingly. Otherwise, I will be expected to complete in the original time allowed for completion of the course. Length of training will not be extended to make up time for unjustified absences.

3. It is also my responsibility to budget the monies given to me for school expenses. The amount will be limited to the number of persons involved in my case. The monies given me cannot be used to pay for personal bills such as car payments or any other items that will be over and above my living expenses.

4. I understand that I must talk with the Job Placement and Training Program staff if a change in housing arrangements is necessary. I must notify Job Placement & Training staff if I must leave the training location and get permission in order to prevent any misunderstanding later on and not be counted AWOL. If I must discontinue training, I will notify the Job Placement & Training staff.

5. I understand that if I am DROPPED from the Job Placement & Training program for any reason such as poor grades, misbehavior, too many un-excused absences or tardies or any unfavorable attitudes that will prevent successful completion of my chosen course, I will not be offered a second chance at Job Placement & Training program services. The only purpose for which I may be excused from classes is when my circumstances are beyond my control, temporarily.

6. In accepting my application for the Job Placement & Training Program and meeting all eligibility requirements, the Caddo Nation Education Department agrees to furnish financial assistance toward school expenses. The amount will be determined by the JP&T office in accordance with actual needs that arise once I go into training, and will be limited to maximum allowances under the regulations, during my training period. Financial assistance will be granted as I observe the rules mentioned above and maintain my grades at an acceptable level, until I complete my course or until I am dropped from training.

Applicant’s Signature __________ Date __________
Signature of Reviewer __________ Date __________
TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Caddo Nation Education Department will be so used for said purposes or repayment will be made. I understand that if I am eligible for other training funds, such as Basic Educational Opportunity Grants (BEOG), etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Caddo Nation Education Department personnel.

{Initial}

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by the Caddo Nation Education Department to evaluate your request and to assist you before and during your training. After completion of training or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by the Caddo Nation Education Department staff working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

(Applicant Signature)                          Date

(Interviewer Signature)                        Date

FOR AGENCY USE
I certify that ______________________________ is __________ degree of Indian Blood, member of the Caddo Nation and is / is not eligible for training or employment assistance services.

Recommended by: _____________________________  Approved by: _____________________________

Signature of Reviewer                       Signature of Program Director
Job Placement & Training

Three References: (Name & Address)

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Dependents accompanying applicant:

<table>
<thead>
<tr>
<th>Name</th>
<th>Tribe</th>
<th>D.O.B.</th>
<th>SSN</th>
<th>Grade completed</th>
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<tbody>
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</tbody>
</table>

Selective Service/Military Service:

Selective Service Number: ____________  Registration Date: ________________

Date of Birth: ________________  Social Security Number: ________________

Military Serial Number: ________________  Date of Discharge: ________________

Do you have a service connected disability of 10% or more:  Yes or No

Describe military duties that were assigned: __________________________________________
CONSENT TO RELEASE INFORMATION

To: ____________________________ Address: ____________________________

Date: ____________________________ Reason for Request: ____________________________

I hereby give my permission to release information to:CADDO NATION EDUCATION DEPARTMENT
P.O. BOX 487
BINGER, OK 73009

__________________________________________
APPLICANT’S FULL NAME

__________________________________________
DATE OF BIRTH

__________________________________________
CHART # (IF APPLICABLE)

__________________________________________
SIGNATURE OF APPLICANT OR
PARENT/LEGAL GUARDIAN OF 18
YEARS OF AGE

ATTENTION:  According to Family Education Rights and Privacy Act of 1974
(P.L. 93-380) the parent, guardian of 18 years old, has the right to
make a written request to view any records released.

Subscribed and sworn to before me on this _______ day of _______________ 20__________

My commission expires: ____________________________

__________________________________________
Notary Public
# Caddo Nation Education Department
## Job Placement & Training Program

<table>
<thead>
<tr>
<th>Name (Last) (First) (Middle)</th>
<th>Date of Birth</th>
<th>Tribe:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Address</strong></td>
<td><strong>Type of Service:</strong></td>
<td>☑ Adult Vocational Training</td>
</tr>
<tr>
<td><strong>Relationship to head of family unit:</strong></td>
<td><strong>Have you ever had, or have you now:</strong> (Place Check mark at left of each item)</td>
<td></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Poor vision in one or both eyes</td>
<td>Arthritis, rheumatism, swollen or painful joints</td>
<td></td>
</tr>
<tr>
<td>Eye Disease (Describe below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor hearing in one or both ears</td>
<td>Deformity of hand, arm, foot or leg</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Nervous or mental trouble Blackouts or Epilepsy</td>
<td></td>
</tr>
<tr>
<td>Dizziness or Fainting Spells</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent or Severe Headaches</td>
<td>Drinking of alcohol, occasional, moderate, frequent</td>
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<tr>
<td>High or Low Blood Pressure</td>
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<tr>
<td>Drug or Narcotic Colds</td>
<td>Refusal of or separation from employment because of health</td>
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<tr>
<td>Sinusitis</td>
<td>Rejection for Military service for physical, mental or other reasons</td>
<td></td>
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<tr>
<td>Tumor, Cyst, Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of Memory or Amnesia</td>
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<tr>
<td>Tuberculosis</td>
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<td></td>
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<td>Goiter</td>
<td>Discharge from military service for physical, mental or other reasons</td>
<td></td>
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<tr>
<td>Piles or Rectal Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paralysis</td>
<td>Have you had or been advised to have any operations?</td>
<td></td>
</tr>
<tr>
<td>Loss of hand, arm, foot or leg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar or albumin in urine</td>
<td>Do you wear glasses?</td>
<td></td>
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<tr>
<td>Hernia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcers</td>
<td>Do you wear a hearing aid?</td>
<td></td>
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<tr>
<td>Denial of life insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 3 years?</td>
<td>(If your answer is &quot;yes&quot; to any of the above questions, explain in space below)</td>
<td></td>
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</tbody>
</table>

Where are your hospital records and X-rays? __________________________________________

I CERTIFY THAT MY ANSWERS ABOVE ARE FULL AND TRUE.

Signature ___________________________________________ Date ________________________________

Reviewing Official ___________________________________________ Date ________________________________
JOB PLACEMENT & TRAINING

INDIVIDUAL SELF-SUFFICIENCY (ISP) (25 CFR Part 26.23)

✓ AVT    ☐ DEA

Student / Applicant (Last, First, Middle): ________________________________ Date: ___/___/____

What is / are your goals to achieve self sufficiency?

Goals:

BARRIERS TO CLIENT

☐ Health
☐ Mental Health
☐ Substance Abuse Dependency
☐ Age Factors
☐ Disabilities

☐ Lack of Limited Transportation
☐ Lack of Limited Education
☐ Criminal History
☐ Limited No Work History
☐ No Job Skills

☐ No Driver’s License
☐ Social Isolation
☐ Limited/No Jobs Available
☐ Homeless
☐ Other:

STRENGTHS OF CLIENT

Identify strengths the client possesses:

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

ACTIVITIES

☐ Job Search
☐ Job Sampling or Job Shadow
☐ On-the-Job Training
☐ Employment Counseling
☐ Service Job Readiness
☐ Other:

EDUCATION/ TRAINING

☐ High School Diploma
☐ GED
☐ Adult Vocational Training
☐ Other:

SELF SUFFICIENCY ACTION PLAN & GOALS

GOAL #1

Goal #1 Revised

ACTION STEPS FOR GOAL #1

<table>
<thead>
<tr>
<th>ACTION STEPS FOR GOAL #1</th>
<th>DATE TO BE ACHIEVED</th>
<th>DATE COMPLETED</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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GOAL #2

Goal #2 Revised

ACTION STEPS FOR GOAL #2

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<tr>
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<th>DATE COMPLETED</th>
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<tr>
<td>2.</td>
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JP&T ACTIVITY

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<tr>
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<tbody>
<tr>
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<tr>
<td>2.</td>
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</table>

I understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment/training through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in activities and referrals developed in this plan that will promote my self-sufficiency. Failure to follow through with the ISP may constitute suspension from the Job Placement & Training Program. I also understand that if there are any changes to be made that I will contact the Job Placement & Training staff.

Participant Signature __________________________ Date Signed ____________

Signature of Reviewer __________________________ Date Signed ____________
This portion of the application is to gather information regarding the impact of the COVID-19 pandemic. Please answer all questions to be 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
PROMISSORY AFFIDAVIT

Students who are awarded the Caddo Nation Job Placement & Training / 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 Job Placement & Training / 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