



*Caddo Nation of Oklahoma*  
Job Placement & Training Program  
P.O. Box 487 - Binger, OK 73009  
(405) 656-2344, Ext. 0971



DEA

## JOB PLACEMENT & TRAINING PROGRAM GUIDELINES/CHECKLIST

### Program Services

1. Job Placement (Direct Employment Assistance): Partial costs for expenses related to starting a new job.
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

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NAME OF APPLICANT (Last, first, middle)	<input type="checkbox"/> INITIAL (FIRST) REQUEST <input type="checkbox"/> REPEAT REQUEST  TYPE OF SERVICE <input checked="" type="checkbox"/> Direct Employment Assistance  <input type="checkbox"/> Institutional Training
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:             | YES                      | NO                       |
| (a) Eligible for Direct Employment Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) In need of financial assistance           | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Eligible for Adult Vocational Training    | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) RECOMMENDED                               | <input type="checkbox"/> | <input type="checkbox"/> |

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

- |   |                          |                          |
|---|--------------------------|--------------------------|
| (2) For Institutional Training and Repeat Services: | YES                      | NO                       |
| RECOMMENDED   | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: (Place on reverse side) \_\_\_\_\_  
Date                      Signature of Program Director

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### APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### INFORMATION RECORD

Name (Last, First, Middle Initial)	Mailing Address:  Telephone No. (    )	Date of Birth:
------------------------------------	--	----------------

**Veteran**

Yes  
 No

**Marital Status**

Single     Married     Widowed  
 Divorced     Separated

**Number of Dependents**

Dependents \_\_\_\_\_  
Children in School \_\_\_\_\_

**Applying for**

Vocational Training \_\_\_\_\_  
Direct Employment \_\_\_\_\_  
Other \_\_\_\_\_

**Request**

Initial \_\_\_\_\_  
Repeat \_\_\_\_\_

**In Case of Emergency**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**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: \_\_\_\_\_

# JP&T • FINANCIAL NEEDS ANALYSIS FORM • AVT

**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: \_\_\_\_\_  
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

**Student: 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: \_\_\_\_\_

<u>Expenses</u>		<u>Resources/Awards/Scholarships</u>			
Tuition	\$ _____	Parental	\$ _____	Pell Grant	\$ _____
Fees	\$ _____	Student/Spouse	\$ _____	SEOG	\$ _____
Books/Supplies	\$ _____	Student Incentive Grant	\$ _____	Work Study	\$ _____
		Veteran's Asst.	\$ _____	Tuition Waiver	\$ _____
				Voc. Rehab.	\$ _____
				Other (i.e. EFC)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>			<b>TOTAL</b>	<b>\$ _____</b>

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.



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## PROOF OF RESIDENCY AFFIDAVIT

(TO BE COMPLETED BY RESIDENCE OWNER/RENTER AND CADDO NATION JOB PLACEMENT AND TRAINING 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 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: \_\_\_\_\_



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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



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### 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:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309)
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: \_\_\_\_\_  
Signature of Reviewer

Approved by: \_\_\_\_\_  
Signature of Program Director



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### Job Placement & Training

Three References: (Name & Address)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Dependents accompanying applicant:

Name	Tribe	D.O.B.	SSN	Grade completed

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

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

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			STRENGTHS OF CLIENT
<input type="checkbox"/> Health	<input type="checkbox"/> Lack of/ Limited Transportation	<input type="checkbox"/> No Driver's License	<i>Identify strengths the client possesses:</i>
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lack of/ Limited Education	<input type="checkbox"/> Social Isolation	
<input type="checkbox"/> Substance Abuse Dependency	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Limited/No Jobs Available	
<input type="checkbox"/> Age Factors	<input type="checkbox"/> Limited/ No Work History	<input type="checkbox"/> Homeless	
<input type="checkbox"/> Disabilities	<input type="checkbox"/> No Job Skills	<input type="checkbox"/> Other:	

**STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY**

ACTIVITIES		EDUCATION/ TRAINING	
<input type="checkbox"/> Job Search	<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Adult Vocational Training
<input type="checkbox"/> Job Sampling or Job Shadow	<input type="checkbox"/> Service Job Readiness	<input type="checkbox"/> GED	<input type="checkbox"/> Other:
<input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Other:		

**SELF SUFFICIENCY ACTION PLAN & GOALS**

<b>GOAL #1</b>		
<b>Goal #1 Revised</b>		
<b>ACTION STEPS FOR GOAL #1</b>	<b>DATE TO BE ACHIEVED</b>	<b>DATE COMPLETED</b>
1.		
2.		
<b>GOAL #2</b>		
<b>Goal #2 Revised</b>		
<b>ACTION STEPS FOR GOAL #2</b>	<b>DATE TO BE ACHIEVED</b>	<b>DATE COMPLETED</b>
1.		
2.		
<b>JP&amp;T ACTIVITY</b>	<b>AMOUNT</b>	<b>DATE COMPLETED</b>
1.		
2.		

\_\_\_\_ 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



# *Caddo Nation Education Department*

## **Job Placement & Training / ARPA Application**

P.O. Box 487 - Binger, OK 73009

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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



# *Caddo Nation Education Department*

## Job Placement & Training / ARPA Application

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### 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