APPLICATION CHECKLIST

It will be necessary for you to submit the following documents, which are listed on the lower portion of this page, before your application for Adult Vocational Training can be considered complete. Failure to submit the required documents will place your application in the inactive file. Please fill out the questions on the application as complete as possible. Feel free to ask any questions regardless of how small they may seem. The more you know of the AVT program the easier it will be for you.

IF YOU DO NOT CONTACT THE KIOWA TRIBE AVT PROGRAM WITHIN A MONTH, YOUR INQUIRY WILL BE PLACED IN THE INACTIVE FILES.

_____ Certification of Degree of Indian Blood (CDIB) - **Must be enrolled with the Kiowa Tribe**

_____ Copy of Birth Certificate (If Claiming Dependents, Include Their Birth Certificates)

_____ Copy of Social Security Card

_____ Letter of Intent

_____ Copy of High School Transcript or GED

_____ Copy of College Transcript (If Applicable)

_____ Marriage License or Divorce Decree (If Applicable)

_____ Selective Service Status or DD-214

_____ Release of Information Form (MUST BE NOTORIZED)

_____ FERPA (Consent to Release Student Information)

_____ Statement of Understanding (Attached for you to read and sign)

_____ Three (3) Personal References Which Include Names and Address (No Phone Numbers)

_____ Individual Self Sufficiency Plan (ISP)

_____ Letter from Vocational Training School Verifying Your Enrollment

_____ Copy of Financial Need Analysis Form

Other documents may be required to determine your eligibility. If you have any questions regarding your application or the AVT program, please feel free to contact our office.
APPLICATION FOR ADULT VOCATIONAL TRAINING

Application Request: ___First ___Repeat: 1 2 3 (Circle one)

INFORMATION RECORD

Name: ___________________________________________ Date of Birth: _________________

Mailing Address: _______________________________________________________________

Home Phone :(     )___________________________Cell: (     ) ___________________________

Emergency Contact Name: _______________________________________________________

                                Address: _______________________________________________________

                                Telephone: (     ) ____________________ Cell: (     ) __________________

Veteran:  ___ Yes ___No

Marital Status:  ___Single  ___Married  ___Widow
                        ___Divorced  ___Separated

Number of Dependents (18 years or younger):_______

EDUCATION

Highest Grade Completed: ____

Schools Attended: _____________________________ Dates: ______________

                                _______________________________ Dates: ______________

Type of training you are interested in: ______________________________

Location of desired training: _____________________________________________

Address: _________________________________________________________________

Do you have any physical limitations which might interfere with your training? ___Yes ___No
If yes, explain: ___________________________________________________________

Have you had any previous training? ___Yes ___ No   If yes, in what field? ________________

Do you have income from any source?  ___Yes ___ No
If yes, explain: ___________________________________________________________
TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to the school indicated on this application and agree to follow all the rules, regulations and attendance requirements of the school. I will, to the best of my ability, satisfactorily complete the course which I have selected. I further agree that the funds issued to me for training purposes by the Kiowa Tribe Job Placement & Training Program (JPTP) will be used for training or other approved support services. I understand I will be responsible for the repayment of any misused funds to the Kiowa Tribe JPTP. If I am eligible for other training funds, such as Basic Education Opportunity Grants (BEOG), etc., they 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 grades, attendance, and income information to the Kiowa Job Placement and Training Program personnel. 

(Initial)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

2. Disclosure of the requested information by the applicants is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by the Kiowa Job Training and Placement Program and school counselors to evaluate your request and to assist you before and during your training. After completion of training, 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 counselors 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 assistance you are seeking.

I have read the above statement. I hereby provide the requested information and authorize the use of such information to the extent as specified in this statement.

__________________________________________
Applicant Signature                           Date

__________________________________________
Staff Person Signature                       Date

FOR PROGRAM USE

I certify that ___________________________________________ is a member of the Kiowa Tribe and IS/ IS NOT eligible for training assistance services.

Recommended by: ______________________________________
Staff Person                                               Title                     Date

Approved by: __________________________________________
Program Director                                            Date
PERSONAL REFERENCES

1) Name: _______________________________________________________________
   Address: _____________________________________________________________

2) Name: _______________________________________________________________
   Address: _____________________________________________________________

3) Name: _______________________________________________________________
   Address: _____________________________________________________________

DEPENDENTS ACCOMPANYING APPLICANT: (Must be 18 years or younger)

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<th>Name</th>
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SELECTIVE SERVICE/MILITARY SERVICE

Select 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  _____No

If yes, please explain: ___________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
KIOWA TRIBE
JOB PLACEMENT & TRAINING PROGRAM
STATEMENT OF UNDERSTANDING

I________________________________________, do hereby affirm that I will abide by rules and regulations of the Kiowa Tribe Job Placement & Training (JP&T) 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 forth to include: attendance (must not be absent more than four (4) days a month); personal behavior; grades (at least a 2.6 grade average); and living arrangements. I further understand that I shall attend training as I would a job. If I am absent and the Kiowa Tribe JP&T 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. However, this does not necessarily mean I have 24 months to complete training. **EXAMPLE:** If any 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 Job Placement and Training Program, and the training time can be adjusted accordingly. Otherwise, I will be expected to complete training in the **original time allotted 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 to 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 inform the JP&T Program staff if a change in housing arrangements is necessary; if I intend to leave the training location (for which I must get permission in order to prevent any misunderstanding later on and to not be counted **AWOL (Absent Without Leave)**); and if I must discontinue training.

5) I understand that if I am **DROPPED** from the JP&T Program for any reason such as poor grades, misbehavior, excessive 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 JP&T Program services. The only purpose for which I may be excused from classes is when circumstances are temporarily beyond my control.

6) In accepting my application for the JP&T Program and meeting all eligibility requirements, the Kiowa Tribe JP&T Program 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 long as I observe the rules mentioned above and maintain my grades at an acceptable level, until I complete my course of study or until I am dropped from training.

_____________________________________                      __________________
Applicant’s Signature                                                                           Date

_____________________________________                      ___________________
Kiowa Tribe JP&T Staff                                                                       Date
CONSENT FOR RELEASE OF INFORMATION

DATE: ______________

TO: __________________________________________________________

ADDRESS: ____________________________________________________

REASON FOR REQUEST: __________________________________________
_________________________________________________________________

I hereby give my permission to release information to:

KIOWA TRIBE
JOB PLACEMENT & TRAINING PROGRAM
P.O. BOX 369
CARNEGIE, OK 73015

_______________________________________________                  ______________________
APPLICANT’S FULL NAME                                                                   DATE OF BIRTH

_______________________________________________
SIGNATURE OF PARENT, LEGAL GUARDIAN OR IF
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 before me on this ___________ day ___________________ 20___

My Commission Expires__________________________    _____________________________
Notary Public
FERPA Consent to Release Student Information

TO:  KIORWA TRIBE HIGHER EDUCATION GRANT PROGRAM (KHEGP)

Please provide information from the educational records of:

______________________________
(Name of student requesting the release of educational records)

To:_____________________________
(Name(s) of person(s) to whom the educational records will be released, and if appropriate the relationship to the student such as “parents”, “prospective employer” or “attorney”)

The only type of information that is to be released under this consent is:

____ transcript(s)
____ application status
____ financial need information
____ college enrollment verification
____ all records
____ other (specify):___________________________________________________________

The information is to be released for the following purpose:

____ family communications about application status
____ employment
____ admission to an educational institution
____ other (specify):___________________________________________________________

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this consent upon providing written notice to: KHEGP. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to ___________________ (Name of person(s) listed above to whom the educational records will be released) for the specific purpose described above.

Printed Name: ______________________________________________________________

Signature: ______________________________________Date:_______________________

Signature of Higher Education Staff: ___________________________________________
INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)

Student/Applicant Name: _______________________________________________________

_____A.V.T _______D.E.A.

Have you received previous Job Placement and Training Services? ____Yes ______No

If so, what type and for how long? _______________________________________________

Student/Applicant Case Plan

1. What does student/applicant need to do to obtain job skills and/or retain a job leading to self-sufficiency? (Check all that apply)

   o Employment Search
   o Public Assistance (Specify Type) ________________________________
   o Medical Treatment
   o Education/Training
   o Vocational Rehabilitation
   o Other (Please Specify) _________________________________________

2. What obstacles exist that prevent student/applicant from seeking training or permanent employment? (Check all that apply)

   o Overcrowded Residence
   o Substance Abuse
   o Transportation Problems
   o Child Care Problems
   o Financial Need
   o Other (Please Specify) _________________________________________

3. State case plan for the student/applicant (details a person’s responsibilities to assume a permanent job):
4. Job Readiness (List all of your work experience to include the year):

5. Job Training (List any training you have and the year obtained):

6. List type of assessments needed (check all that apply):
   - Job Skills
   - Training Skills
   - Others (Please Specify) ____________________________________________

7. List support services needed (check all that apply):
   - GED
   - Vocational Training
   - Substance Abuse Counseling/Treatment
   - Medical
   - Family/Individual Counseling
   - Mental Health
   - Others (Please Specify) ____________________________________________

Signature: ___________________________ Date: ________________
Job Placement & Training Staff

Signature: ___________________________ Date: ________________
Student/Applicant Signature