

Kickapoo Tribe of Oklahoma

Education Department
Post Office Box 70
McLoud, Oklahoma 74851

Telephone 405-964-4204
Fax 405-964-6756

APPLICATION FOR ADULT VOCATIONAL TRAINING

The purpose of the Kickapoo Tribe of Oklahoma Adult Vocational Training Program is to promote opportunities for self-determination and self sufficiency. The Adult Vocational Training Program provides financial assistance to eligible Kickapoo Tribal Members, as well as other eligible Native Americans who reside within the Kickapoo Tribe Jurisdiction, who attend full-time training to obtain job/trade skill leading to gainful employment. Applicant must be admitted into a nationally/state accredited institution.

Eligibility:

- Must be unskilled (Lacking required professional skill)
- Must be at least 18 years old (Unless High School Graduate or GED recipient who is at least 16 years of age)
- Kickapoo Tribe of Oklahoma Members
- Native Americans who reside in Kickapoo Tribe of Oklahoma Jurisdiction

Completed application must be submitted to the KTO Education Department at least **thirty (30) days** prior to start of training. The following is **required documentation** which must accompany the Adult Vocational Training Application:

1. **Certificate of Degree of Indian Blood (CDIB)/ Tribal Enrollment Verification**
2. **Birth Certificate/Driver's License**
3. **Social Security Card**
4. **Proof of Residency** – Ex: utility bill, copy of lease agreement, and/or notarized statement signed by Head of Household
5. **School Records** – High School Transcript, College Transcript (if previously attended), and/or GED Certificate
6. **Financial Need Analysis Form** (Completed by Financial Aid Officer)
7. **Schedule**

Applicant must apply for other resources through Financial Aid Office at school/institution. Contact the Financial Aid Office early and request a FAFSA Application.

**DELIVER or MAIL Application to: Education Department
Kickapoo Tribe of Oklahoma
P.O. Box 70
McLoud, OK 74851**

KICKAPOO TRIBE OF OKLAHOMA
Application for Training

APPLICANT: _____ SSN: _____
Last First MI Maiden

MAILING ADDRESS: _____
P.O. BOX/Street/Apt.# City State Zip

HOME PHONE: _____ CELLPHONE/OTHER: _____ D.O.B.: _____

EMAIL ADDRESS: _____ GENDER: Male ___ Female ___

TRIBAL AFFILIATION: _____ DEGREE: _____ TRIBAL ENROLLMENT NO.: _____

VETERAN/MILITARY SERVICE (Include active, inactive, or reserves): Yes ___ No ___

MARITAL STATUS: Single ___ Married ___ Divorced ___ Widowed ___ Other ___ NO. OF DEPENDENTS: _____

LIST ALL PERSONS IN HOUSEHOLD (exclude yourself):

Name <small>(Last, First, MI)</small>	Age	Gender <small>(Male or Female)</small>	Relationship <small>(Relation to you: ex: son, daughter)</small>

NAME OF HIGH SCHOOL: _____ GRADE LEVEL COMPLETED: _____

DATE H.S. GRADUATION OR DATE RECEIVED GED DIPLOMA: _____

NAME OF INSTITUTION/SCHOOL ATTENDING: _____

MAILING ADDRESS: _____
P.O. BOX/Street City State Zip

TITLE OF TRAINING: _____ HAVE YOU HAD PREVIOUS TRAINING?: YES ___ NO ___

IF YES, PLEASE EXPLAIN: _____

HAVE YOU APPLIED WITH OTHER TRAINING PROGRAMS?: YES ___ NO ___ IF YES, PLEASE PROVIDE

NAME OF PROGRAMS: _____

HAVE YOU BEEN ASSISTED BY THE KTO EDUCATION OFFICE OR BY ANY OTHER TRIBAL EDUCATION OFFICES PREVIOUSLY?: YES ___ NO ___ IF YES, PLEASE EXPLAIN: _____

I hereby certify that the above information on this form is true and correct to the best of my knowledge. I give consent for the release of this information to the necessary agencies in accordance with the application process for the Kickapoo Tribe of Oklahoma Adult Vocational Training Program. I will notify the Kickapoo Tribe of Oklahoma Education Department of any changes in my class schedule. I will provide a copy of my grades to the Kickapoo Tribe of Oklahoma Education Department immediately after each semester/term. I understand if I fail to report changes of class schedule and/or provide grades, I may be suspended from the KTO Adult Vocational Training Program.

APPLICANT SIGNATURE: _____ DATE: _____

**Kickapoo Tribe of Oklahoma
Adult Vocational Training Program
APPLICATION**

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I, _____ (Applicant Name), hereby authorize _____ (Name of Institution), to provide information to the Kickapoo Tribe of Oklahoma Education Department and/or its representative, any information needed to evaluate and/or maintain my Adult Vocational Training and Financial Assistance.

I understand any information provided will remain confidential and will be used solely for the purpose of the evaluation of my Kickapoo Tribe of Oklahoma Adult Vocational Training Application.

Applicant Signature

Date

REPORTING FINANCIAL ASSISTANCE POLICY

All financial assistance (grants, loans, scholarships, etc.) must be reported to the Kickapoo Tribe of Oklahoma Education Department each semester/quarter/term of attendance. Complying with the Financial Needs information will allow the Education Department to have a better understanding of my financial needs. Providing this information will not necessarily hinder the financial assistance provided by the Kickapoo Tribe of Oklahoma. Failure to report financial assistance from other sources will automatically terminate any financial assistance I receive from the Kickapoo Tribe of Oklahoma Adult Vocational Training Program. I understand I will be required to reimburse the Kickapoo Tribe of Oklahoma for any financial assistance provided if I do not comply with the policies set forth by the Education Department.

*Authorization to collect any overpayment was voted and approved by the Kickapoo Tribe of Oklahoma General Council Meeting on September 25, 1994.

Applicant Signature

Date

STIPEND PAYMENT PLAN

I understand I must attend training full-time to receive the monthly stipend provided by the Kickapoo Tribe of Oklahoma Adult Vocational Training Program. It is my responsibility to report **immediately** any changes in my schedule while on the KTO AVT Program. I also understand that the monthly stipend will be disbursed within the first five days of each month while I am attending as a full-time student.

I would prefer my monthly stipend to be (circle one): MAILED / PICKED UP

I may be reached: () _____.

I authorize _____ to pick up my stipend at KTO Education Dept. when ready.

Or,

Please mail my stipend to: _____
P.O. Box/Street City State Zip

Applicant Signature

Date

KICKAPOO TRIBE OF OKLAHOMA – FINANCIAL NEEDS ANALYSIS FORM

PART I – To be Completed by the Student

APPLICANT NAME: _____ SSN: _____

MAILING ADDRESS: _____ P.O. BOX/Street _____ City _____ State _____ Zip _____ D.O.B.: _____

CLASSIFICATION: _____ MAJOR: _____

MARITAL STATUS: _____ NO. OF DEPENDENTS: _____

ATTENTION – FINANCIAL AID OFFICER:

I have submitted a Higher Education Scholarship Application to the Kickapoo Tribe of Oklahoma Education Department for consideration of financial assistance. The KTO Education Department will need additional information as listed in Part II before any action can be taken on my application. When all the necessary information is on file in your office, please complete and forward this form or similar form to: **EDUCATION DEPARTMENT, KICKAPOO TRIBE OF OKLAHOMA, P.O. BOX 70, McLOUD, OK 74851**

Applicant Signature

Date

PART II – To be Completed by the Financial Aid Officer

FINANCIAL AID OFFICER:

Verified financial need information is needed through your office before consideration of applicant's Higher Education Scholarship Application. Please complete and forward Financial Needs Analysis Form to KTO Education Department. Your assistance is much appreciated. Thank You.

Student is: Independent _____
Dependent _____

Budget Period: Fall Semester/Term Begins: _____ Ends: _____
Spring Semester/Term Begins: _____ Ends: _____
Semester/Term Begins: _____ Ends: _____

College Budget

Tuition	\$
Fees	\$
Books/Supplies	\$
Room & Board	\$
Depend. Allowance	\$
Transportation	\$
Personal Expenses	\$
Other	\$
	\$
TOTAL	\$

Student Resources

Family Contribution	\$
Student Contribution	\$
VA Benefits	\$
Soc. Sec. Benefits	\$
TANF	\$
Voc. Rehab	\$
Fellowships	\$
Indian Health Grant	\$
State Scholarships	\$
Other(List)	\$

Awards

PELL	\$
SEOG	\$
Work-Study	\$
NDSL	\$
GSL	\$
Tuition Waiver	\$
State Tuition Grant	\$
Other (List)	\$
TOTAL	\$

SIGNATURE: _____
Financial Aid Officer _____ Date _____ Telephone _____

Address where Scholarship Funds need to be sent to: _____