

# KICKAPOO TRIBE OF OKLAHOMA

Education Department  
Post Office Box 70  
McLoud, OK 74851

Phone: 405.964.4227  
Email: education@okkt.net

## 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 Tribal Jurisdiction, who attend full-time training to obtain job/trade skill leading to gainful employment. Applicant must be admitted into a regionally accredited institution.

### Eligibility:

- Must be in need of training in order to obtain reasonable and satisfactory employment or under employed
- Must be at least 18 years old (Unless High School Graduate or GED recipient who is at least 17 years of age)
- Kickapoo Tribe of Oklahoma Members
- Native Americans enrolled in a federally recognized tribe residing in the Kickapoo service area

Completed application must be submitted to the KTO Education Department at least **30 days** prior to start of training. The following is Required Documentation which must accompany the KTOAVT **completed** application: **Your application will not be complete until all items have been received in our office.**

<input type="checkbox"/> Updated Tribal Enrollment Card/CDIB (copy of card front and back)
<input type="checkbox"/> High School Transcript, High School Diploma, GED Certificate or Official GED Transcript
<input type="checkbox"/> Birth Certificate/Driver's License or Identification Card
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Proof of Residency (Utility Bill, Copy of Lease Agreement, and/or notarized statement signed by Head of Household)
<input type="checkbox"/> Financial Needs Analysis Form (page 4 of application, completed by Financial Aid Officer)
<input type="checkbox"/> Class schedule, verifying enrollment in the basic requirements for the training you are pursuing
<input type="checkbox"/> Enrollment Agreement (an agreement or contract between student and training center)

### **Deliver, Mail Application to:**

Kickapoo Tribe of Oklahoma  
Education Department  
Post Office Box 70  
McLoud, OK 74851

# KICKAPOO TRIBE OF OKLAHOMA



## Adult Vocational Training Application



**PLEASE PRINT CLEARLY**

Last Name:		First:		MI:	Maiden:
Mailing Address:			City	State	Zip
Cell Phone:		Message Phone:		D.O.B.:	
SSN:	Tribal Affiliation:		Degree:		Tribal Enrollment Number:
Email Address:			Gender: MALE FEMALE	Veteran/Military Service (Include active, inactive or reserves): YES NO	
Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Other _____					No. of Dependents: _____
Have you ever been convicted of a felony? _____ YES _____ NO (answering this question will not prevent you from receiving educational services.) If yes, give details:					

Name of High School:	Grade Level Completed:
High School: Public _____ BIA _____ Tribal _____ Private _____ Mission _____ Other: _____	
Date of H.S. Graduation or Date Received GED Diploma:	

Name of Institution/School Attending:	
Mailing Address:	City State Zip
Title of Training:	Have you had previous training: Yes _____ No _____

Have You Applied With Other Training Programs?: Yes _____ No _____
If Yes, Please Provide Name of Programs:
Have you received a BIA/Tribal Scholarship before? Yes _____ No _____
If yes, what years? _____ Number of Credit Hours Earned: _____

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 KTO 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 and/or quarter. 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 Application**

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_, to provide information to the Kickapoo  
(Applicant Name) (Name of Institution)  
 Tribe of Oklahoma Higher Education Department and/or its representatives, any information needed to evaluate  
 and/or maintain my Adult Vocational Training Scholarship 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 Scholarship 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 Scholarship. 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 on September 25, 1994.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**Stipend Payment Plan**

Available for full-time KTO Tribal Members **Only**

I understand I must maintain 12 credit hours (Full-Time) to receive the monthly stipend provided by the Kickapoo  
 Tribe of Oklahoma Adult Vocational Training Scholarship Program. It is my responsibility to report **immediately** any  
 changes in my schedule while on the Adult Vocational Training Scholarship. I also understand that the monthly stipend  
 will be disbursed within the first ten business days of each month while I am attending as a full-time student.

I would prefer my monthly stipend to be (**check one**):

**MAILED**

Mailing Address:	City	State	Zip
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**DEPOSIT INTO BANCFIRST CHECKING ACCOUNT** (must be in your name)

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**KICKAPOO TRIBE OF OKLAHOMA – FINANCIAL NEEDS ANALYSIS FORM**

**PART I – To be Completed by the Student**

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
P.O. Box/Street City State Zip

CLASSIFICATION: \_\_\_\_\_ MAJOR: \_\_\_\_\_  
(freshman, sophomore, junior, senior)

MARITAL STATUS: \_\_\_\_\_ NO. OF DEPENDENTS: \_\_\_\_\_

**ATTENTION – FINANCIAL AID OFFICER:**

I have submitted an Adult Vocational Training 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 Adult Vocational Training Application. Please complete and forward the Financial Needs Analysis Form to the KTO Education Department. Your assistance is appreciated, please contact us at **405-964-4227** if you have any questions.

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	\$
<b>TOTAL</b>	<b>\$</b>

**Student Resources**

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

**Awards**

PELL	\$
SEOG	\$
Work-Study	\$
NDSL	\$
GSL	\$
Tuition Waiver	\$
State Tuition Grant	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

**SIGNATURE:** \_\_\_\_\_  
 Financial Aid Officer

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

Address where Scholarship Funds need to be sent to: \_\_\_\_\_

**\*Attach Student Aid Report (SAR) if unable to complete this form\***