

**Cheyenne-Arapaho
Employment Opportunity
& Training Services**



**EOTS Department
P.O. Box 38
Concho, Oklahoma 73022
(405) 262-0345 Ext. 27490
1-800-247-4612
Fax (405) 262-7669**

Date: _____

Adult Vocational Training

Dear AVT Applicant:

There are no deadlines to submit this application. You are requested to furnish all of the following documents to the Employment Opportunity & Training Services Department prior to consideration or approval for financial assistance:

- Copy of Social Security Card(s) for each family member
- Copy of Certificate of Degree of Indian Blood (CDIB's) for each family member
- Birth Certificate(s) for each family member
- Marriage License, if applicable AND Current Driver's License
- High School Transcript or GED Certificate
- Complete Physical/Medical Exam Form-included as part of this application
- Complete Financial Need Analysis Form-included as part of this application
- Letter of Admission-to be obtained from the school of your choice to prove admission/acceptance of enrollment

The Cheyenne-Arapaho Tribes' AVT Program provides Financial Assistance in some or all of the following areas, depending upon eligibility and financial need:

Tuition Books Fees Supplies Uniforms Transportation

As a student/applicant upon a trade or school, it is my responsibility to keep an accurate update of my AVT application. It will be my responsibility to use the above checklist to do so. By signing below, I agree to make myself responsible for the status of my AVT application.

Applicant's Signature

Date

Sincerely,

Director
Adult Vocational Training Program
E.O.T.S Department

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Program Assistance Application

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Section A: Formal Request

Personal Data

Name: _____ SS#: _____
Last First Middle Maiden

Address: _____ Phone#: _____
Street City State Zip

DOB: _____ Tribe: _____ CDIB#: _____

Marital Status: Single Married Divorced Separated
 Dependents Living Within the Household? Yes No

LIST EVERYONE LIVING WITHIN THE HOUSEHOLDS, SPOUSE AND/OR DEPENDENTS!!!

LAST NAME	FIRST NAME	RELATIONSHIP	SOCIAL SECURITY #	DOB	ROLL#

EDUCATION/TRAINING ACHIEVEMENTS

High School: _____ Graduated? Yes No

Graduation Date: _____ If not a High School Graduate, GED Certificate? Yes No

GED Date: _____ (attach copy of high school transcript/diploma or GED certificate!!!)

List area of interest for training or trades(s); (Ex. Computer Technology, Welding, or Truck Driving)

1) _____ 2) _____ 3) _____

Have you had previous training? Yes No If yes, specify: _____

Location of training: _____
Name of School City State

Type of training/employment desired (specify): _____

Location desired to obtain training/employment: _____
School

_____ State

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Any physical/medical limitations that would interfere with training/employment? Yes No

If yes, explain: _____

Do you have income from any source? (Ex. SSI, TANF, IIM) Yes No If yes, specify below:

- 1) _____ \$ _____
Source Address City State Zip Amount
- 2) _____ \$ _____
Source Address City State Zip Amount
- 3) _____ \$ _____
Source Address City State Zip Amount

Are you eligible for any services: (Ex: Veterans, SSI, AFDC) Yes No If yes, explain: _____

Do/will you require day care service(s)? Yes No If yes, number of dependants for: _____

Employment History

1) _____
Company Name Address City State Zip Phone #
 Supervisor's Name/Title: _____ Dates of Employment: _____ to _____
 Job Title: _____ Duties: _____
 Reason for leaving: _____

2) _____
Company Name Address City State Zip Phone #
 Supervisor's Name/Title: _____ Dates of Employment: _____ to _____
 Job Title: _____ Duties: _____
 Reason for leaving: _____

3) _____
Company Name Address City State Zip Phone #
 Supervisor's Name/Title: _____ Dates of Employment: _____ to _____
 Job Title: _____ Duties: _____
 Reason for leaving: _____

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Initial request: Yes No If no, repeat service#: 1 2 Initial request approximate date: _____
Academic year assistance is being requested for: 20____-20____ Number of Hours: _____

Application Request/Statement

COURSE SELECTED: _____ EXPECTED COMPLETION DATE: _____

I, _____ hereby apply for financial assistance at _____
_____ and agree to cooperate fully with the officials
designated to render this service. Financial assistance for this purpose is/is not needed. I, hereby
apply to attend _____ indicated on this application and agree to
follow all rules, regulations, and attendance requirements of the school. To the best of my ability, I will
satisfactorily complete the course, which I have selected. I further agree that the funds issued to me
for training purposes by the Cheyenne-Arapaho Tribes' AVT Program will be so used or repayment
will be made to the Cheyenne-Arapaho Tribes. Also, I understand that if I am eligible for other training
funds such as PELL, or other financial sources, this will be included when computing my financial
need(s). I agree to use those funds for the purpose intended. I authorize _____
to release grades, attendance reports, academic progress reports and income information to the
Cheyenne-Arapaho Tribes' Adult Vocational Training (AVT) Program coordinated within the
Employment Opportunity and Training Services Department. Also, if I am approved for the Adult
Vocational Training Program services, I agree of my own volition to assume the responsibility to
keeping the Cheyenne-Arapaho Tribes AVT Program advise of my training status during the period I
receive grant funds. Therefore, by signing below, I choose to take the option f the G.I. Approach, or
self-supervision, and agree to the Terms above of the Adult Vocational Training Program.

Printed Full Name

Applicant's Signature

Date

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Authorization to Release of Information

I, _____, hereby authorize the Cheyenne-Arapaho Tribes' Adult Vocational Training (AVT) Program and its designated officials to be provided all information to substantiate income, benefits, prior work history, medical history, and/or PELL information, to determine my eligibility for participation in the program. It is my understanding this information is required for inclusion in my personal Adult Vocational Training (AVT) file to verify my eligibility for participation in the Cheyenne and Arapaho Tribes' Adult Vocational Training Program.

I, hereby grant permission and authority to _____ to release information regarding income, benefits, prior work history, medical history, and/or other information needed to determine eligibility.

Print Name (As shown on Social Security Card)

Social Security Number

Applicant's Signature

Date

Privacy Act and Paperwork Reduction Act Statement

The Cheyenne-Arapaho Tribes of Oklahoma has a contract with the Bureau of Indian Affairs' Adult Vocational Training Program Assistance which operates under the authority for solicitation of information under 23 U.S.C 13(42Stat. 208) and P.L. 88-230 (77Stat. 471, U.S.C. 309). In accordance with the accountability required for the Administration of funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is needed of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude to applicant from eligibility in obtaining higher education assistance under this program. I have read the statement listed with this application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant's Signature

Date

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Financial Needs Analysis
Academic Year ____/____

This Financial Needs Analysis is for
Full-Time Students Only

Part 1- To be completed by student

Student's Name _____ SS# _____ D.O.B _____ Age _____
 Address _____ City _____ Zip _____ Phone _____
 Male ___ Female ___ Marital Status: ___ Single ___ Married ___ Divorced Dependants (not including student) _____
 Tribe _____ Tribal Roll # _____ Blood Quantum/Degree _____
 Type of School ___ Vo-Tech ___ Private ___ BIA ___ Other _____
 Status: ___ New Student ___ Continuing ___ Former ___ Transfer(Where) _____
 Program or field of study: _____
 Length of program (months): _____ Number of Clock Hours _____ Begin Date _____ Complete Date _____
 Applied for: Pell Grant _____ State Grant _____ BIA Grant _____ IHS Grant _____ Work Study _____ Other _____
 Comments/Remarks: _____

Part 2-To be completed by the Financial Aide Officer

SCHOOL EXPENSES		STUDENT RESOURCES		AWARDS	
TUITION	\$	FAMILY CONTRIBUTION	\$	PELL	\$
FEES	\$	STUDENT CONTRIBUTION	\$	STATE	\$
BOOKS	\$	VETERAN'S BENEFITS	\$	BIA	\$
SUPPLIES	\$	SOCIAL SECURITY BENEFITS	\$	IHS	\$
TRANSPORTATION	\$	VOCATAIONAL REHABILITAION	\$	WORK STUDY	\$
PERSONAL EXPENSE	\$	TANF	\$		\$
OTHER (LIST)	\$	OTHER (LIST)	\$		\$
	\$		\$	TOTAL AWARDS	\$
TOTAL EXPENSES	\$	TOTAL RESOSURCES	\$	TOTAL FINANCIAL NEED \$	
\$ PER SEMESTER @ SEMESTER(S)		TOTAL EXPENSES:	\$	LESS TOAL AWARDS \$	
\$ PER SEMESTER @ SEMESTER(S)		LESS TOTAL RESOURCES	\$	UNMET NEED \$	

THIS STUDENT AID PACKAGE IS CONSISTENT IN TYPE AND AMOUNT WITH PACKAGES PREPARED FOR STUDENTS IN SIMILAR CIRCUMSTANCES

FINANCIAL AID OFFICER: _____ INSTITUTION: _____
 DATE: _____ ADDRESS: _____
 PHONE NUMBER: _____

STATEMENT OF PRIVACY

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 DATE STUDENT'S SIGNATURE

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Section B: Recommendation/Action

The forgoing applicant, _____, according to the Financial Needs Analysis (FNA) Form, is/is not in need of financial assistance. Therefore, as the Cheyenne and Arapaho Tribes' Adult Vocational Training Program Director, I Francine Worthington, find the applicant to be eligible/ineligible for Adult Vocational Training Assistance. Furthermore, the applicant, through the AVT application process and the required documentation, is hereby approved/disapproved for Adult Vocational Training Assistance and recommend the following action(s):

- An AVT Denial Letter Be Forwarded and application rendered inactive/closed.
- An AVT Award Letter Be Forwarded and application rendered active/open and financial assistance distributed as indicated on the Award Letter.
- For Repeat Services, see number 1/2 above as indicated. However, if approved, due to repeat of service(s), applicant must also comply with the following: _____

Comments: _____

Director Date
Adult Vocational Training Program

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Applicant's Signature

Date

