

**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

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**EMPLOYMENT AND TRAINING ASSISTANCE  
PROGRAM APPLICATION  
(GRAP)**

The Program offers financial assistance for enrolled members of the Cheyenne-Arapaho Tribes participating in *classroom training, vocational technical certifications, licenses, transportation, tuition or fees related to training or employment*. This program service may not be able to cover the full cost of your request. **ONE TIME ASSISTANCE ONLY.**

This service will be available to tribal members residing outside the Cheyenne-Arapaho Service Area or preferably out-of-state residents. **Resident applicants within the Cheyenne-Arapaho Service Area will not be eligible.** Applicants can be participating or enrolled in a part-time or short term technical course as well as any full-time technical institutional training program within the private or public sector.

You are requested to furnish all of the following documents to the Employment Opportunities and Training Services Department prior to consideration or approval for financial assistance.

- \_\_\_\_\_ LETTER OF ADMISSION FROM SCHOOL
- \_\_\_\_\_ CERTIFICATE DEGREE OF INDIAN BLOOD (CDIB)-(Tribal Enrollment # 1-800-247-4612 ext 27600)
- \_\_\_\_\_ WRITTEN STATEMENT REQUESTING OR IDENTIFYING NEED FOR TYPE OF TRAINING
- \_\_\_\_\_ FORMAL DOCUMENTATION TO PROVE ACTUAL COST OF LICENSE/TEST FEES
- \_\_\_\_\_ PROOF OF RESIDENCE (UTILITY BILL IN APPLICANT'S NAME)
- \_\_\_\_\_ EMPLOYMENT CONFIRMATION FROM EMPLOYER

As a student/applicant applying for financial assistance, it is my responsibility to keep an accurate update of my application. By signing below, I agree to make myself responsible for the status of my application. I, \_\_\_\_\_, consent to the release of information from school officials/employers in providing documents to the EOTS Department to help with my determination of eligibility.

Full Name: \_\_\_\_\_  
Address, State, & Zip: \_\_\_\_\_  
Phone & Contact Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

You may contact the EOTS Staff at (405) 262-0345 or 1-800-247-4612 ext. 27490, 27492, or 27496 if you have any questions.

\*\*\*\*\*ATTENTION\*\*\*\*\*  
**THE DEADLINE TO GET THIS APPLICATION IN FOR REVIEW IS EVERY FRIDAY BY  
10 A.M. NO EXCEPTIONS WILL BE MADE, IF OUR OFFICE DOES NOT RECEIVE THIS APPLICATION BY THE  
DEADLINE, IT WILL NOT BE REVIEWED UNTIL THE FOLLOWING FRIDAY.**

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**EMPLOYMENT CONFIRMATION FORM**

EMPLOYEE NAME \_\_\_\_\_ SS# \_\_\_\_\_

I hereby authorize my employer to release requested information in order to determine my eligibility for Direct Employment Assistance (DEA) services.

\_\_\_\_\_  
Applicants Signature Date

TO BE COMPLETED BY EMPLOYER <u>ONLY</u>	
NAME OF COMPANY:	_____
COMPANY ADDRESS:	_____
TELEPHONE NUMBER:	( _____ ) _____
APPLICANT'S JOB TITLE	_____
BEGINNING WAGE:	_____
BEGINNING DATE:	_____
FIRST PAYDAY:	_____
FIRST FULL PAYDAY:	_____
THIS JOB IS ANTICIPATED TO BE:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PERMANENT <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER _____
PRINT: AUTHORIZED EMPLOYER'S NAME & TITLE	_____
AUTHORIZED EMPLOYER'S SIGNATURE	_____ DATE _____

**EMPLOYMENT VERIFICATION**

(TO BE COMPLETED BY GRAP STAFF)

Employment verified on \_\_\_\_\_ by speaking to \_\_\_\_\_ (name & title) on the phone, who verified that employment ( ) is ( ) is not full-time and ( ) is not of a permanent nature. Therefore, employment ( ) has ( ) has not been verified to be at least or near 40 hrs a week (full-time) and to extend at least one year in duration (permanent). \_\_\_\_\_ GRAP Staff Initials

\*\*\*\*\*ATTENTION\*\*\*\*\*

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