

Iowa Tribe of Oklahoma Adult Education Program

Adult Education

The adult education program is available to individuals for assistance towards obtaining a General Equivalency Diploma (GED) and a secondly for Adult Basic Education courses. Priority is given to Iowa Tribal members residing in the designated service area.

To be considered for service require the following documents

- * Complete application
- * Verification of residency
- * Copy CDIB, ID or DL
- * Copy of study which includes: Course description, class starting /ending dates, class times, location, and cost of tuition and books.

Upon completion, participants must submit copies of the certificate or the notices of completion to the Iowa Tribe Education Department.

**IOWA TRIBE OF OKLAHOMA
ADULT EDUCATION / ADULT VOCATIONAL TRAINING
APPLICATION**

Date: / /

Last Name, First Name : _____		Mailing Address : _____		Date of Birth _____
Applying For : Adult Education [] Adult Vocational Training []		Social Security # _____	Tribal Membership YES or NO	Veteran : YES or NO
In Case of Emergency : Name _____ Address _____ Relationship _____ Phone Number _____	Marital Status : Single [] Married [] Divorced [] Separated []	Number of Dependents : _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ (for additional dependents attach separate sheet)		
Education : School _____ Highest Grade Completed _____	Diploma or GED	GED _____ Date of Completion _____ Graduation Date _____		
Types of Training You Are Interested In? : _____				
Have You had Previous Training YES or NO	If Yes, Please describe type of training: _____ _____ _____			
Training Location Desired _____ School and Address _____ Telephone () _____ - _____ Contact Person _____ Course Number and Title _____				
Do you have an income from any other source? YES ___ NO ___ If Yes, please explain: _____				

EMPLOYMENT RECORD:		
From _____ to _____ Reason For Leaving: _____ Employer's Name and Address: _____ _____ Duties: _____ _____ _____	From _____ to _____ Reason For Leaving: _____ Employer's Name and Address: _____ _____ Duties: _____ _____ _____	From _____ to _____ Reason For Leaving: _____ Employer's Name and Address: _____ _____ Duties: _____ _____ _____