

IOWA TRIBE OF OKLAHOMA ADULT VOCATIONAL TRAINING GRANT PROGRAM

Grants are available for Tribal members and other Indians residing within the Iowa Tribal service area. Individuals must be at least 18 years of age, except if a high school student is 17 at graduation. Applicants must be in need of training in order to obtain reasonable employment and in need of financial assistance. Applicants must be willing to accept full time employment upon completion of training.

This application is not complete until this office receives the following required paperwork:

- * Completed application
- * Financial Need Analysis
- * Verification of Residency
- * Certificate of Degree of Indian Blood
- * Letter of admission from the school
- * High school transcript or GED certificate
- * Social Security card
- * Signed statement of understanding
- * Submit a letter stating why the grant is needed, the vocational major, and your objective after graduation and intent to accept full time employment after the completion of training.
- * Written recommendation (from a teacher, counselor, or employer)

Applicants entering must apply for financial aid through the training institution. Grants are available to cover tuition, books, supplies and fees or related costs.

**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: _____ _____ _____