

SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

Adult Vocational Program

This program is for Delaware Nation enrolled citizens that need training to obtain/enhance job skills or to acquire a General Education Diploma (GED). **Maximum award for long term students is \$3,000 per academic year (\$1,500 per semester) and for short term students up to \$3,000 for one certificate program per fiscal year.** All tuition checks are paid to the school.

This program operates on a first come, first served basis depending on availability of funds.

The Adult Vocational Training (AVT) Program is available to enrolled Delaware Nation citizens, 17 ½ years of age or older for full or part-time training.

REQUIRED DOCUMENTS:

The following documents must be complete and submitted with this application. If you fail to secure these documents, your application will be placed on pending status.

- ✓ If applicable, a copy of high school transcript or GED certification
- ✓ Letter of intent written by applicant
- ✓ Letter of admission for proof of acceptance of enrollment
- ✓ Training Cost Worksheet (pg.3). Must be completed by school official
- ✓ Full-time students must apply for federal financial aid through the training facility

ATTENTION STUDENT:

Please submit page 3 of this application to the training facility that you plan to attend and have the financial aid office or a school official complete the training cost worksheet.

Students are required to notify the Social Services Department if and when courses are dropped. If student drops a course or does not complete a course and a refund is not issued from school, the student will be required to pay back all funds used before being eligible to participate in program again.

DEADLINE

Application must be submitted 30 days prior to start date.

SERVICE AREA

NATIONWIDE

Adult Vocational Program
P.O. Box 825
Anadarko, OK 73005



Toll Free 1-800-203-2121
Phone (405)247-2448
Fax (405)247-5942

PLEASE PRINT

Name _____ Enrollment# _____ Male Female

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Assistance needed for training: Full Time Part time GED

Name of School _____ Start Date _____

Address _____

Completion
Date

Have you previously received assistance from the Adult Vocational Program? Yes No

If yes, what year? _____

Name of course program? _____

Date of completion/certificate? _____

My signature below will indicate that I have agreed to the following conditions for funding. The information contained in my scholarship application contains no falsification and all items are true and correct. I understand that any false statements made herein would result in a voided application. I grant consent to release this information to the necessary agencies in order to complete my financial aid package. I declare that I will use all funds from the Delaware Adult Vocational Program solely for expenses connected to attending the facility listed above.

STUDENT SIGNATURE

DATE

PRINTED NAME



Form to completed by School Official

EDUCATION COST WORKSHEET

Student Name _____

Name of School _____
Address _____

Start Date _

Completion
Date _

Type of training _____

Long Term Short Term

Phone () _____

Fax () _____

Contact Person _____

Title _

Tuition \$ _____

Books \$ _____

Supplies \$ _____

Fees \$ _____

Other \$ _____

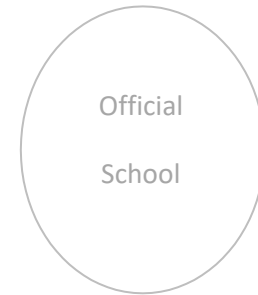
Total program cost \$ _____

Less Pell grant \$ _____

Less loans \$ _____

Less funding source \$ _____

Student unmet need \$ _____



Signature of School Official

Delaware Nation Education Program recommended to pay \$ _____