Dear Applicant:

The Choctaw Nation Vocational Development Program needs copies of the following items along with the application. Your quick response to this will help us in completing your application as soon as possible. You must be at least 1/4 degree Indian. Remember, you will not be considered for this program until we have ALL the information requested.

1. A copy of your updated C.D.I.B., showing that you are at least 1/4 degree Indian.

2. A copy of your High School transcript, whether completed or not completed or a copy of your General Equivalency Diploma (GED).

3. Verification of your address. If your address is not the same as on your driver’s license, send a copy of a rent receipt, utility bill, etc., or you may go to the post office and have them to write a note, stating that you receive your mail at your current address and stamp it with their cancellation stamp.

4. An updated College transcript, if you have attended College.

5. Income verification, such as a check stub or last year’s income tax return. If you live at home, Parent’s income tax return or check stub.

6. The results from your application for assistance through FAFSA. If you have not applied for FAFSA, please do so now at the financial aid office at your school.

7. If you are a Veteran, have you applied for Veteran’s Benefits?

8. If you have claimed dependents, copies of their C.D.I.B.’s or Birth Certificates.

9. Any type of College entrance testing, or CAPS, COPS, Nursing entrance tests or GATB, BOLT, TABE, or NET test results. These tests can be taken at some Employment Offices’ or at a Career Tech Center. Check with both places and the College.

10. **To be eligible for Training assistance, you must live within the 10 ½ counties of the Choctaw Nation.**

11. Copy of your current class schedule and a copy of your Degree plan/plan of study.

12. Other Items may be asked for at a later date.

Please be sure to sign and date the application.

Thank you.

**GROWING WITH PRIDE, HOPE & SUCCESS**
APPLICATION FOR TRAINING

PLEASE FILL OUT ALL BLANKS

Name______________________________________________________________________________________________

Last               First               Middle

Maiden

Address____________________________________________________________________________________________

Street               City               State               Zip Code

Phone No._________________                Date of Birth_________________                Sex    M____    F____

Email address ______________________________________________________________

Number of Dependents Claimed by you? _____ How, are these people related to you? __________________________

_________________________              Of what Tribe are you a member? ___________________________               Degree________

Type of Training Interest (Example: Construction, Computers, Nursing, Etc.)____________________________

__________________________________________________________________________________________________

School you plan to attend: ______________________________________________________________

Grade last completed? _____ High School attended: ________________________________________________

GED_____                 High School Diploma _____                Graduation/GED Date ________________

Are you default of any student/government loan? Yes_______    No_______

Have you received a Grant from the Talihina BIA Agency or the Durant Tribal Office? ______________

Have you or are you receiving assistance from the Choctaw Nation Higher Education Program or the
WIOA Program?   Yes_____    No_____    If yes, which one? __________________________________________

Have you applied for other types of financial assistance (FAFSA), (etc.)?   Yes_____    No_____

GROWING WITH PRIDE, HOPE & SUCCESS
STATEMENT OF EDUCATION PURPOSE

I declare that I will use any funds that I may receive under the Choctaw Nation Vocational Development Training Grant Program solely for expenses connected with attending school. I also understand that if I am eligible for other training funds (FAFSA, etc.), that this will be included in computing my financial aid needs and will use those funds for the educational purposes intended.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid need. I request that my Choctaw Nation grant awarded me, be mailed in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Choctaw Nation Vocational Development Office at the end of my training or that Choctaw Nation has my permission to request and receive a copy of my grades or transcript from the School I attend.

This is not a guarantee that I will be placed on this program. It only means that I am applying for services, once my application is completed.

PLEASE READ THE ABOVE INFORMATION BEFORE SIGNING.

____________________________________________________________________________________________

Signature of Applicant

Date

COUNSELORS USE ONLY

LIMITATIONS/BARRIERS TO EMPLOYMENT

____ Reading/Comprehending Level Low

____ Lack Appropriate Education

____ Handicapped/Disabled

____ Lack Appropriate Employment Skills

____ Lack Adequate/Significant Work History

____ Medical Problems

____ Dropout

____ Workman Comp. Recipient

____ Single Parent (Dependents Under 13)

____ Military Service

____ Area Resident 90 Days or Less

____ Transportation

____ Long Term Public Assistance Recipient

____ No Employment Opportunity

____ Native American, High unemployment Rate and Area

LABOR FORCE STATUS

EMPLOYED_______ FULL-TIME_______ UNDEREMPLOYED_______ UNEMPLOYED_______ PART-TIME_______
FUNDAMENTAL STATEMENT

The Vocational Training Program and Employment Assistance Program is based on financial need.

I WILL PROVIDE THE FOLLOWING INFORMATION ON MY FINANCIAL SITUATION:

<table>
<thead>
<tr>
<th>Amount Per Month</th>
<th>None</th>
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<tbody>
<tr>
<td>Social Security</td>
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<tr>
<td>Public Assistance, Example: AFDC, SSI, GA, WIC, or Food Stamps</td>
<td></td>
</tr>
<tr>
<td>Vocational Rehab. Payments</td>
<td></td>
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<td></td>
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</tbody>
</table>
BIA Higher Education Grant

Child Support Payments

Part-time Employment

Complete Family Income

Relationship to you, (such as spouse, child, etc....)

Other Income

I certify that I am receiving the amount indicated above and give my permission for the Vocational Development Coordinator to verify my income.

__________________________________________________
Signature

__________________________________________________
Date