



IOWA TRIBE OF OKLAHOMA ADULT VOCATIONAL TRAINING PROGRAM

The purpose of the adult vocational training program is to assist Iowa tribe members and other Native Americans who reside in the Iowa Tribe jurisdiction. **Applicant must be 18 years of age, except if a high school student is 17 at graduation.** Applicant 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.

These documents are required to process an application for vocational training:

- ✓ Complete Application
- ✓ Verification of Residency
- ✓ Driver's License
- ✓ Social Security Card
- ✓ Certificate of Degree of Indian Blood
- ✓ High School transcript or GED certificate
- ✓ Course Schedule or description
- ✓ Tuition and fees statement from Vo-tech
- ✓ Must apply for FAFSA
- ✓ Submit completion certification of class/course/training
- ✓ Written Narrative on the need for the class/course/training and the purpose on how it will be applied once obtained.

Any third party vendor will be paid directly.

Contact Person & Information: Crystal Springer, Education Specialist 335588 E.750 RD,
Perkins, Oklahoma, Phone #: 405-547-2402 Ext. 209



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COMPLETE NAME & PHONE NUMBER:	MAILING ADDRESS:		DATE
APPLYING FOR: ADULT VOCATIONAL TRAINING	SOCIAL SECURITY #	BIRTHDATE:	VETERAN: Yes or No
CDIB: tribal affiliation _____ INCOME: Do you have any income? If yes, please explain: _____	EDUCATION:		Diploma: Date graduated: _____ GED: Date completed: _____
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated NUMBER OF DEPENDENTS: _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____	IN CASE OF EMERGENCY: Name: _____ Address: _____ _____ Relationship: _____ Phone Number: _____		
EMPLOYMENT RECORD: (List Your Last 3 most recent Employers): From: _____ To: _____ Job Title: _____ Reason for Leaving: _____ Employer's Name and Address: _____ Your Duties: _____ From: _____ To: _____ Job Title: _____ Reason for Leaving: _____ Employer's Name and Address: _____ Your Duties: _____ From: _____ To: _____ Job Title: _____ Reason for Leaving: _____ Employer's Name and Address: _____ Your Duties: _____		TRAINING: list type of training interest: _____ Have you had previous training: Yes or No If yes, please explain _____ _____ Training Desired: _____ School and Address: _____ Contact Name and number: _____ Course Number and Title: _____	

OFFICE USE ONLY

APPROVED FOR SERVICES? YES or NO	AMOUNT PROVIDED: \$ _____
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