



**\*Please check the box that applies to the vocational training needed.**

**ADULT VOCATIONAL TRAINING (AVT) - Long Term Training 9 months or more**

The Adult Vocational Training (AVT) Program is available to enrolled Delaware members, 17 ½ years of age or older. Applicant must reside within the Anadarko Agency jurisdiction area (Caddo, Comanche, Kiowa, Cotton, and Tillman) counties.

Student must attend a training course of 9 months or more to meet the eligibility requirements for this program.

**ADULT EDUCATION PROGRAM (AEP) - Short Term Training 9 months or less**

The Adult Education Program (AEP) Program is available to enrolled Delaware members, 17 ½ years of age or older. Applicant must reside within the Anadarko Agency jurisdiction area (Caddo, Comanche, Kiowa, Cotton, and Tillman) counties.

Student must attend a training course of 9 months or less to meet the eligibility requirements for this program.

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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. Please do not hesitate to contact the Education Department with questions regarding this program or the program criteria.

- Copy of birth certificate
- Copy of social security card
- CDIB (certificate degree of Indian blood) card
- Copy of high school transcripts or GED certification (college transcripts if applicable)
- Letter of intent written by applicant
- Letter of admission to prove 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.



# DELAWARE NATION

P.O. Box 825  
Anadarko, OK 73005  
Phone (405)247-2448/Fax (405)247-9393

Date office received \_\_\_\_\_

## Adult Vocational Training Application

Name \_\_\_\_\_ Enrollment# \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Are you:  Married  Single  Divorced  Separated  Widowed

Number of dependents living in your household \_\_\_\_\_

Please list everyone living in your household. If more room is needed please use the back of this page.

NAME	RELATIONSHIP	AGE

Name of School \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ Completion \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Course: \_\_\_\_\_ Full Time  Part Time

Have you had previous training?  YES  NO If yes, type of training \_\_\_\_\_

I hereby indicate that this application is true to the best of my knowledge. I will satisfactorily complete the course, which I have selected. It is my responsibility to keep the Delaware Nation Education Department updated of any changes that may occur during my vocational training. I understand that the funds issued to me by the Delaware Nation will be used for training purposes only.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Approved  Denied  Date \_\_\_\_\_ Eligible for Stipend? Yes  No

Education Department Signature \_\_\_\_\_ Date \_\_\_\_\_



Form to completed by School Official

**TRAINING COST WORKSHEET**

Student Name \_\_\_\_\_

Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Start Date \_\_\_\_\_

Completion Date \_\_\_\_\_

Type of training \_\_\_\_\_ Full Time  Part Time

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Total number of training/clock hours to complete training course. \_\_\_\_\_

**Tuition** \$ \_\_\_\_\_

**Books** \$ \_\_\_\_\_

**Supplies** \$ \_\_\_\_\_  
 (Scrubs, shoes, tools etc.)

**Fees** \$ \_\_\_\_\_

**Other** \$ \_\_\_\_\_

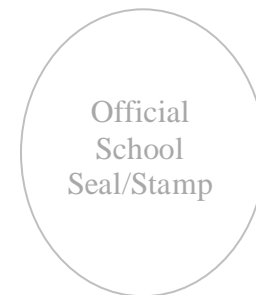
**Total program cost** \$ \_\_\_\_\_

**Less pell grant** \$ \_\_\_\_\_

**Less loans** \$ \_\_\_\_\_

**Less funding source** \$ \_\_\_\_\_

**Student unmet need** \$ \_\_\_\_\_



\_\_\_\_\_  
 Signature of School Official

Delaware Nation Adult Vocational Program recommended to pay \$ \_\_\_\_\_