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MOTOR FUELS ADULT VOCATIONAL PROGRAM

This program is for tribal members attending a vocational program anywhere in the state of Oklahoma. The applicant must reside outside the Service Area. The Anadarko Agency Services areas include: Caddo, Cotton, Comanche, Kiowa and Tillman.

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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
- Must provide proof of residence (utility bill)
- Letter of intent written by applicant. State what this training will do for your future.
- 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
- Submit an invoice for school related expenses such as (scrubs, tools etc.) Only if these items are not provided by the Vocational 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 school official complete the training cost worksheet. No faxes will be accepted.



# DELAWARE NATION

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

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

## Motor Fuels Adult Vocational 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** \$ \_\_\_\_\_

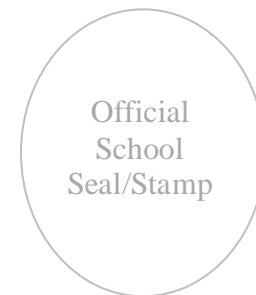
**Total program cost** \$ \_\_\_\_\_

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

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

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

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



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

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