

**KAW NATION
ADULT EDUCATION PROGRAM APPLICATION**

Date _____ **Please attach a copy of your tribal membership card to the application.**

Name _____ Social Security Number _____

Address _____
Street, P.O. _____ City _____ Zip Code _____

Age _____ Date of Birth _____ Sex _____ Phone # _____

Marital Status _____ Number in Family _____ Tribe Where Enrolled _____

Will you be commuting from another town? Yes ___ No ___

Will you be receiving Veteran's Benefits? Yes ___ No ___

EMPLOYMENT

Employment Status _____ If employed, Name of Employer _____

Address of Business Where Employed _____

Length of Employment _____

EDUCATION

Level of Education Attained _____ List Schools Attended _____

Did you graduate? Yes ___ No ___ Date _____

Did you receive a GED? Yes ___ No ___ Date _____

AREA OF INTEREST

General Education Development Test Preparation: _____

Adult Basic Education Courses: _____

Self-Improvement Classes: _____

Employment Enrichment: _____

List class/classes in which you are planning to enroll, the starting date and time.

(There is a \$10.00 dropping fee at Pioneer Technology Center. Students dropping classes will be responsible for the \$10.00 fee).

I certify that the above is correct _____
Signature _____ Date _____

Please attach a copy of your tribal membership card/CDIB to your application.

MISUSE OF FUNDS

Misuse of funds is a serious offense. Criminal action through the Department of Justice can be taken against the individual. Misuse of funds will also jeopardize any future funding from the Kaw Nation should you decide to continue your education.