KAW NATION
ADULT VOCATIONAL TRAINING PROGRAM APPLICATION

Date: _____

Name: _____ Social Security Number: _____

Address: _____
Street City State ZIP Code

Phone #: _____ Age: _____ Date of Birth: _____

Sex: _____ Marital status: _____ Tribe where Enrolled: _____

Number in family: _____ Will you be receiving Veteran's Benefits? _____

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:

List class or classes in which you are planning to enroll and name & address of vocational technology center:

Class: _____

Vocational School: _____

Address: _____

I certify that the above is correct: _____
Signature

MISUSE OF FUNDS

Misuse of funds is a serious offence. 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.

ATTENTION

Any student dropping the program before completion of the training course without legitimate cause will not receive future educational benefits.