The **AVT Program** is designed to provide financial assistance for Kiowa members who are attending/will attend vocational school. AVT students may receive funding for tuition, books, fees, and a bi-weekly subsistence allowance at a fixed rate.

**ELIGIBILITY REQUIREMENTS:**

**Client**
- 18 years or older
- Enrolled Kiowa
- Live within the Jurisdiction (see next page)
- Have high school diploma or GED

**Client’s School**
- Must be accredited
- Program must lead to certificate or license (no hobby programs)
- Does not need to be within Jurisdiction

**APPLICATION CHECKLIST:**

- Application (Page 1)
- Privacy Act (Page 2)
- Dependent Info /Personal References (Page 3)
- Statement of Understanding (Page 4)
- FERPA (Page 5)
- Letter of Intent (Page 6)
- Individual Self Sufficiency Plan (Pages 7-8)
- Financial Needs Analysis (Page 9)
- Copy of CDIB
- Copy of Social Security Card
- Copy of HS Diploma or GED

If you determine that you are eligible for the Adult Vocational Training Program, please fill out this application according to the checklist below. *Take care to fill out each page completely and try not to leave blanks.* If you have any questions about the application, please contact our office at the info above.

*It is the client's responsibility to make sure ALL documentation for their application is complete.* The Kiowa Education Agency AVT Program does **NOT** have a deadline, and students may apply before or during their program. However, an application cannot be processed until all documents are turned in.

*The JPT Specialist will process complete applications within 5 days of receiving it.*
Kiowa Education Agency Jurisdictional Boundary
KIOWA EDUCATION AGENCY
ADULT VOCATIONAL TRAINING (AVT) APPLICATION

__First Time Applicant__ __Repeat Applicant__ *Month/Year Services were received: __________________

CLIENT INFORMATION

Name: _______________________________________________________

Date of Birth: _______________________

Mailing Address: __________________________________________________________________ _______________

Phone: (       )__________________________

Work Phone: (       )________________________________________

E-mail Address: ________________________________________________________

Veteran: ____ Yes ____No

Marital Status: ____Single ____Married ____Widow

____Divorced ____Separated

Number of Dependents (18 years or Younger): _______

EMERGENCY CONTACT

Name: _________________________________________________

Phone: (       )______________________________________

Address: _______________________________________________________________________________________

EDUCATION

Highest Grade Completed: _____

Name of High School: ________________________________________________

Other Schools Attended: __________________________________ Dates: __________________________

________________________________ Dates: __________________________

VOCATIONAL SCHOOL INFORMATION

Name of Vocational School: ___________________________________________

Address: _____________________________________ City: ____________________________

State: _____ Zip Code: _________________________________

Desired Program: ___________________________ Expected Start Date: ______________________

TO BE INITIALED BY STUDENT FOR TRAINING ONLY:

I hereby apply to the school indicated on this application and agree to follow all the rules, regulations, and attendance requirements for the school. I will, to the best of my ability, satisfactorily complete the course that I have selected. I further agree that the funds issued to me for training purposed by the Kiowa Education Agency Adult Vocational Training Program (AVT) will be used for training or other approved support services. I understand I will be responsible for the repayment of any misused funds to the KEA Adult Vocational Training program. If I am eligible for other training funds, such as Basic Education Opportunity Grants (BEOG), etc., they will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income information to the KEA Adult Vocational Training personnel. ____________ (Student’s Initial)
PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

2. Disclosure of the requested information by the applicants is voluntary, but required to obtain benefit.
3. The purpose of collecting this information is to determine your eligibility for services.
4. The routine use of this information is by KEA Adult Vocational Training program to evaluate your request for assistance. Parts or all of the information in your application will be provided to employers who are considering you for employment.
5. Failure to provide the requested information may result in a delay or denial in receiving program assistance.

I have read the above statement. I hereby provide the requested information and authorize the use of such information to the extent of the uses specified in the statement. I also agree that all the information is true to the best of my knowledge and any misrepresentation of information given in this application could be construed as fraudulent and may affect my assistance.

___________________________________________________ _______________________
Applicant Signature       Date

___________________________________________________ _______________________
Program Staff Signature      Date

FOR PROGRAM USE:

I certify that

___Has ___ Has Not (Check one) met the requirements for AVT funding and therefore
___ Is ___Is Not (Check one) eligible to receive benefits.

Recommended by: ___________________________ Title ___________________________ Date

Approved by: ______________________________ Date

Program Staff     Title    Date
Program Director                                         Date
**KIOWA EDUCATION AGENCY**  
ADULT VOCATIONAL TRAINING PROGRAM

**DEPENDENTS ACCOMPANYING APPLICANT**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Grade</th>
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</tbody>
</table>


**PERSONAL REFERENCES**  
(Please list at least 1 reference)

1.) Name: ________________________________  
   Address: ________________________________  
   Phone: (___)________________________

2.) Name: ________________________________  
   Address: ________________________________  
   Phone: (___)________________________

3.) Name: ________________________________  
   Address: ________________________________  
   Phone: (___)________________________
KIOWA EDUCATION AGENCY
ADULT VOCATIONAL TRAINING PROGRAM

STATEMENT OF UNDERSTANDING

I________________________________________ (Print Name), do hereby affirm that I will abide by rules and regulations of the KEA Adult Vocational Training Program as follows:

1.) I understand that it is up to me to be in class every day, and abide by the rules and regulations set forth by your school to include: attendance; personal behavior; grades; and living arrangements. I further understand that I shall attend training as I would a job. If I am absent and the KEA Adult Vocational Training Program determines that the absence is not justified, subsistence will be deducted for that day.

2.) I understand that I am on a program that allows up to 24 months to complete. However, this does not necessarily mean I have 24 months to complete training. EXAMPLE: If any course of training is 12 months in duration, I will be allowed 12 months to complete. If my training is interrupted by circumstances beyond my control, “INTERRUPTED STATUS” arrangements can be made with the JPT Program, and the training time can be adjusted accordingly. Otherwise, I will be expected to complete training in the original time allotted for completion of the course. Length of training will not be extended to make up time for unjustified absences.

3.) It is also my responsibility to budget the monies given to me for school expenses. The amount will be limited to the number of persons involved in my case. The monies given to me cannot be used to pay for personal bills such as car payments or any other items that will be over and above my living expenses.

4.) I understand that I must inform the AVT Program staff if a change in housing arrangements is necessary; if I intend to leave the training location (for which I must get permission in order to prevent any misunderstanding later on and to not be counted AWOL (Absent Without Leave); and if I must discontinue training.

5.) I understand that if I am DROPPED from the AVT Program for any reason such as poor grades, misbehavior, excessive un-excused absences, tardies, or any unfavorable attitudes that will prevent successful completion of my chosen course, I will not be offered a second chance at JPT Program services. The only purpose for which I may be excused from classes is when circumstances are temporarily beyond my control.

6.) In accepting my application for the AVT Program and meeting all eligibility requirements, the KEA Adult Vocational Training Program agrees to furnish financial assistance toward school expenses. The amount will be determined by the AVT office in accordance with actual needs that arise once I go into training and will be limited to maximum allowances under the regulations, during my training period. Financial assistance will be granted as long as I observe the rules mentioned above and maintain my grades at an acceptable level, until I complete my course of study or until I am dropped from training.

__________________________________________________  _____________________________
Student Signature                                                                                Date

__________________________________________________ _____________________________
Program Staff Signature                                      Date
KIOWA EDUCATION AGENCY
ADULT VOCATIONAL TRAINING PROGRAM

STATEMENT OF UNDERSTANDING

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STUDENT COPY
PLEASE KEEP FOR YOUR REFERENCE
KIOWA EDUCATION AGENCY
ADULT VOCATIONAL TRAINING PROGRAM

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT (FERPA)
Consent to Release Student Information

I, ________________________, (Student Name) give permission to the KEA Adult Vocational Training Program to release my student information to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________________</td>
<td>________________________</td>
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<td>______________________________</td>
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<td>______________________________</td>
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<tr>
<td>______________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

The only type of information that is to be released under this consent is (check all the apply):

___ Transcript(s)  ___ AVT Status  ___ Financial Need Information
___ Enrollment Information  ___ ALL RECORDS  ___ DO NO RELEASE MY INFORMATION

I understand my information may be released orally, electronically, or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent (except for rights). I understand I may revoke this consent upon providing written notice to the KEA Adult Vocational Training Program. I further understand that until this revocation is made, this consent shall remain in effect and my education records will continue to be provided to those individuals listed above for the specific purpose indicated above.

Student Signature: _____________________________ Date: ________________

AVT Staff Signature: ___________________________ Date: ________________
LETTER OF INTENT

A letter written by the student, signed and dated, typed or handwritten, explaining why you chose your current program and what your education or career plan is.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Printed Name: ___________________________ Date: ____________________________

Signature: ____________________________________________________________________
INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)

Applicant Name: ________________________________________________________________

Have you received previous Job Placement and Training Services? Yes No

If yes, which services have you received and what year(s)?

- DEA ___ Year(s): ________________________________
- AVT ___ Year(s): ________________________________

Applicant Case Plan

1) What do you need to obtain job skills? (Check all that apply)
   ___ Education
   ___ Vocational Training
   ___ On the Job Training
   ___ Certification(s) (Please Specify) _____________________________________________
   ___ Other (Please Specify) ____________________________________________________

2) What support services do you need to find and/or keep your current job? (Check all that apply)
   ___ Employment Search
   ___ Vocational Rehabilitation
   ___ Mental Health Treatment
   ___ Public Assistance (Food Stamps, TANF, LIHEAP, etc.)
       (Specify Type) _________________________________
   ___ Other (Please Specify) ____________________________________________________

3) What challenges exist that prevent you from seeking training or keeping permanent employment? (Check all that apply)
   ___ Medical Treatment
   ___ Substance Abuse Counseling/Treatment
   ___ Transportation
   ___ Criminal Background
   ___ Financial Need
   ___ Overcrowded Residence
   ___ Domestic Violence
   ___ Child Care
   ___ Fines
   ___ No H.S. Diploma/GED
   ___ Other (Please Specify) ____________________________________________________

4) Job Experience

   Please list your most recent past job titles and the years worked:
   Job: ___________________________________________ Year: ______________
   Job: ___________________________________________ Year: ______________
   Job: ___________________________________________ Year: ______________
   Job: ___________________________________________ Year: ______________
5.) **Job Training**
Please list any training you've received and year completed (i.e. CPR, Forklift, Suicide Prevention, etc.)

Training: ______________________________ Year: _______________
Training: ______________________________ Year: _______________
Training: ______________________________ Year: _______________
Training: ______________________________ Year: _______________

4.) **STUDENT:** Briefly describe how you will maintain a good standing with your education while balancing your life at home and/or work.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

5.) **FOR AVT STAFF ONLY:** Details or circumstances that may have not been explored in the rest of the application or needs to be expanded upon.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_________________________________________________   _____________________________
Applicant Signature        Date
FINANCIAL NEEDS ANALYSIS

Part I – Must Be Completed by Student

Print Name: __________________________________________________________ SSN: __________________________

Address: __________________________ City: __________________________ State: _____ Zip Code: ________________

Type of Training: ____________________________________________________________

After completing Part I, please send or hand-carry this Financial Needs Analysis Form to the Financial Aid Office. By signing this portion of the document, you are authorizing your school/technical center to release your financial and academic information to the KEA Adult Vocational Training Program.

____________________________________ _______________________________ __________________
Student Signature                                Date

Students are required to apply for other financial aid sources offered through the Institution’s Financial Aid Office.

Part II – Must Be Completed by Your Institution’s Financial Aid Officer

Dear Financial Aid Officer:

This student has applied for financial assistance to the KEA Adult Vocational Training Program. Verification of financial need information is required from your office before any action can be taken on this application. The student has authorized release of his/her data. Please complete this form and return it to the student or send it to the AVT office directly.

Student Status: Independent ____ Dependent _____

BUDGET PERIOD: Start Date: ___________________________ Expected Grad Date: ___________________________

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Institutional Awards</th>
<th>Student Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition $_________</td>
<td>Pell Grant $_________</td>
<td>Social Security $_________</td>
</tr>
<tr>
<td>Fees $_________</td>
<td>SEOG $_________</td>
<td>Student/Spouse $_________</td>
</tr>
<tr>
<td>Books $_________</td>
<td>Perkins Loan $_________</td>
<td>Contribution $_________</td>
</tr>
<tr>
<td>Room/Board $_________</td>
<td>Stafford Loan $_________</td>
<td>VA Benefits $_________</td>
</tr>
<tr>
<td>Travel $_________</td>
<td>C.W.S. $_________</td>
<td>Parent Contribution $_________</td>
</tr>
<tr>
<td>Misc. $_________</td>
<td>Voc. Rehab. $_________</td>
<td>State Grants $_________</td>
</tr>
<tr>
<td>Other $_________</td>
<td>Scholarship(s) $_________</td>
<td>Other: $_________</td>
</tr>
<tr>
<td></td>
<td>Total Awards $_________</td>
<td>Total Resources $_________</td>
</tr>
</tbody>
</table>

[Total Expenses] - [Institutional Awards + Student Resources] = Student’s Unmet Need $________

____________________________________ _______________________________ __________________
Name of Financial Aid Officer (Please Print)                                Telephone Number                                           Date

____________________________________ _______________________________ __________________
Financial Aid Officer (Signature)                                Name of School or Technical Center