



## KIOWA EDUCATION AGENCY ADULT VOCATIONAL TRAINING APPLICATION

208 Hardee Street West, Anadarko, OK 73005  
[jdoyebi@kiowatribe.org](mailto:jdoyebi@kiowatribe.org) | [highereducation@kiowatribe.org](mailto:highereducation@kiowatribe.org)  
Main Line: (405)638-3044 | Office: (405) 648-0931  
**Applications are accepted via drop off, mail, or email.**



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:

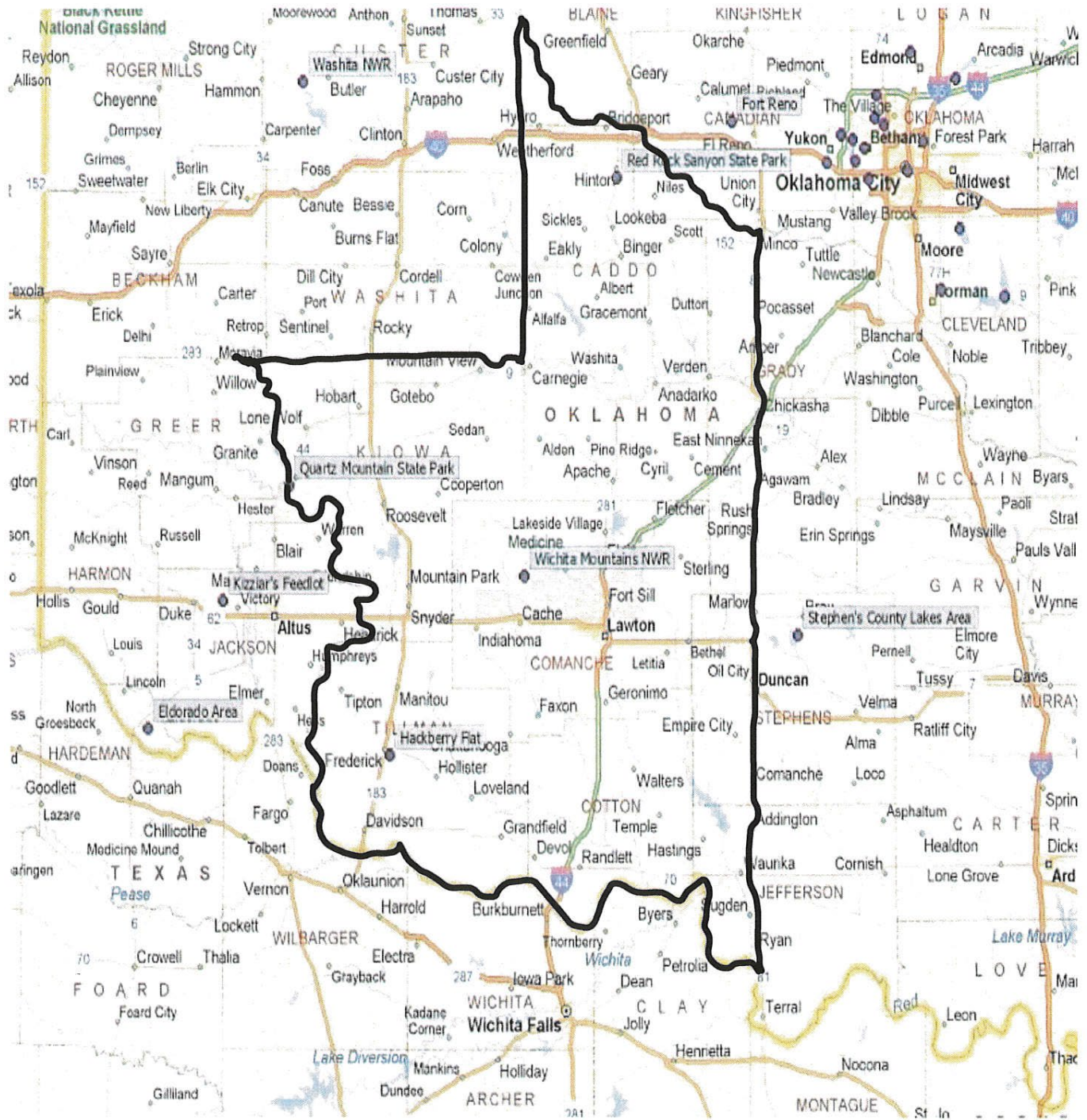
- Application (Page 1)
- Privacy Act (Page 2)
- Dependent Info /Personal References (Page 3)
- Statement of Understanding (Page 4)
- FERPA (Page 5)
- Letter of Intent (Page 6)
- Individual Self Sufficiency Plan (Pages 7-8)
- Financial Needs Analysis (Page 9)
- Copy of CDIB
- Copy of Social Security Card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

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**KIOWA EDUCATION AGENCY**  
**ADULT VOCATIONAL TRAINING PROGRAM**

**PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT**

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1. The authority for solicitation of the information on this form is 25 U.S.C. 13(42 Stat.208) and P.L. 84-959(70 Stat.986) as amended by P.L. 88-230(77 Stat.471, 25 U.S.C.309).
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**

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**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: \_\_\_\_\_  
Program Staff Title Date

Approved by: \_\_\_\_\_  
Program Director Date



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**KIOWA EDUCATION AGENCY**  
**ADULT VOCATIONAL TRAINING PROGRAM**



**DEPENDENTS ACCOMPANYING APPLICANT**

Name

Date of Birth

Grade

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**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



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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:

Name

Relationship to Student

_____	_____
_____	_____
_____	_____
_____	_____

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: \_\_\_\_\_





KIOWA EDUCATION AGENCY  
**Adult Vocational Training Program**

**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.

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**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



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 KIOWA EDUCATION AGENCY  
**Adult Vocational Training Program**



**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                                   | ___ Interview Techniques         |
| ___ Vocational Rehabilitation                           | ___ Resume Preparation           |
| ___ Mental Health Treatment                             | ___ Individual/Family Counseling |
| ___ 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                    | ___ Overcrowded Residence |
| ___ Substance Abuse Counseling/Treatment | ___ Domestic Violence     |
| ___ Transportation                       | ___ Child Care            |
| ___ Criminal Background                  | ___ Fines                 |
| ___ Financial Need                       | ___ 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: _____ |

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**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.

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**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.

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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



# KIOWA EDUCATION AGENCY ADULT VOCATIONAL TRAINING PROGRAM

Phone: (405) 638-3044 | Office: (405) 648-0931  
Email: [jdoyebi@kiowatribe.org](mailto:jdoyebi@kiowatribe.org) | [highereducation@kiowatribe.org](mailto:highereducation@kiowatribe.org)



## 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: \_\_\_\_\_

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

[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