



**The Klamath Tribes**  
**Education & Employment Department**  
**PO Box 436**  
**Chiloquin OR 97624**  
**Phone: (541) 783-2219 FAX: (541) 783-7802**

## Adult Vocational Training Application

**The purpose of this application is for funding of Adult Vocational Training Programs, either Short Term or Long Term. The applicant must complete all areas of this application leaving no blank spaces. If you have any questions regarding this form please contact the Education & Employment Department staff at the Klamath Tribes Administration Building.**

Listed in the chart below are the required documents for this application. The listed forms must be in your packet to be complete. Determine your program length and submit all required documents for the program.

- Short Term** is any training program leading to a certificate or license that is shorter than 120 days and the cost is \$750 or less. The complete application must be submitted 8 working days prior to the first day of class.
- Long Term** is any training program leading to a certificate or license that may be longer than 120 days or the costs exceed \$750. The complete application must be submitted 30 days prior to the first day of class.

Documents Needed for AVT	Short Term	Long Term	Repeat AVT
Completed AVT Application	X	X	X
Klamath Tribes Verification	X	X	
Needs Analysis Summary	N/A	X	X
Financial Aid Award/Rejection	N/A	X	X
Training Program Information	N/A	X	X
High School Transcripts/GED Scores	X	X	
Names & SSN of Dependents		X	If Applicable
Official College Transcripts	If Applicable	If Applicable	If Applicable
Personal Goal Letter	X	X	X

When the application and all required documentation is in the office the Education Specialist will contact you to conduct a brief interview. The interview will be used to determine suitability of your chosen program and an opportunity for you to ask questions about the Tribal funding program.

An applicant shall receive no more than two (2) repeat, long or short-term, AVT training services. Repeat training services will be on a lower priority than the initial service and will be determined on an individual basis, considering need, ability, prior performance and present motivation of the applicant. The definition of need for a repeat service an applicant must be unemployed, underemployed, or unable to work in his/her primary occupation due to physical or other disabilities.

If you have any questions contact Brenda Frank at the above phone number, at extension 109, or email [brenda.frank@klamathtribes.com](mailto:brenda.frank@klamathtribes.com).



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### 1. Individual Information

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Are you an enrolled member of the Klamath Tribes: Yes \_\_\_ No \_\_\_ Enrollment No. \_\_\_\_\_  
Veteran: \_\_\_ Yes \_\_\_ No Branch of Service: \_\_\_\_\_  
Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced Number of Dependents: \_\_\_\_\_  
High School Attended/Location: \_\_\_\_\_  
Graduation Date (mm/yy): \_\_\_\_\_ GED (yr): \_\_\_\_\_

### 2. Scholastic/Training Information

Application Request is for (Choose only one): \_\_\_\_\_ Long Term AVT \_\_\_\_\_ Short Term AVT  
Estimated Start Date: \_\_\_\_\_ Length of Training: \_\_\_\_\_  
Name Training Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Expected Certificate or License Earned: \_\_\_\_\_

### 3. Employment Information

Are you currently working? [ ] Yes [ ] No  
Are you currently disabled? [ ] Yes [ ] No  
No  
Do you own a vehicle? [ ] Yes [ ] No  
Do you have a valid driver's license? State? \_\_\_\_\_ [ ] Yes [ ] No  
If not, are you eligible for a license? [ ] Yes [ ] No  
Have you ever been convicted of a crime? [ ] Yes [ ] No  
Felony? \_\_\_\_\_ [ ] Yes [ ] No

In what locations (area) are you will to accept work? Check all that apply.

- [ ] Local Community Only [ ] Klamath County Only  
[ ] Oregon State [ ] Outside the State of Oregon  
[ ] Klamath County & Bordering Counties-Lake, Jackson, Josephine, Deschutes

Do you have any disabilities that require special working conditions? Please explain: \_\_\_\_\_

Are you currently working with any other programs that would provide for the special working conditions?

[ ] Yes [ ] No

If so, whom: \_\_\_\_\_

**4. Employment History** – List at least three (3) recent employers, beginning with the most current. These include any self-employment or volunteer work you are or have been involved in at this time.

**A) Employer Name & Address:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Name of Supervisor & Title:** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**B) Employer Name & Address:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Name of Supervisor & Title:** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**C) Employer Name & Address:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Name of Supervisor & Title:** \_\_\_\_\_ **Rate of Pay:** \_\_\_\_\_  
**Description of Work:** \_\_\_\_\_

**3. Acknowledgement & Release**

I hereby certify that the information on this form is true and correct to my knowledge and consent to the release of this information to appropriate agencies to complete my financial aid package. I request that my Tribal Adult Vocational Training Scholarship award be mailed in accordance to the signed AVT Agreement.

I understand that if I officially or unofficially drop from a class without prior notification to the Education & Employment Department I will be suspended from the scholarship program. I further understand that I must maintain the attendance requirement of the training institution and at least a Grade Point Average of 2.0 or 75% of the total possible points. It is my responsibility to forward my grades in accordance to the signed AVT Agreement to the Klamath Tribes Education & Employment Department.

I authorize the training institution, college or university to release my grades to the Klamath Tribes Education & Employment Department.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## TRIBAL ENROLLMENT VERIFICATION FORM

Please verify the enrollment of the following student applying for one of the listed services indicated below.

<input type="checkbox"/> Adult Basic Education	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Johnson O'Malley	<input type="checkbox"/> Direct Employment Assistance	

**Submit copy of Klamath Tribes Identification Card, if available, with this form.**

Name of Applicant \_\_\_\_\_

Tribal Affiliation \_\_\_\_\_

Date of Birth \_\_\_\_\_ Roll Number If Known \_\_\_\_\_

\_\_\_\_\_  
Applicant/Parent/Guardian Signature

\_\_\_\_\_  
Date

**<<<Tribal Office Use Only Below This Line>>>**

The applicant indicated on this form \_\_\_ is / \_\_\_ is not an enrolled Klamath Tribes member. Their Klamath Tribes enrollment number is \_\_\_\_\_.

\_\_\_\_\_  
Enrollment Officer Signature

\_\_\_\_\_  
Date



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**FINANCIAL NEEDS ANALYSIS SUMMARY**

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to release any information pertaining to my  
 \_\_\_\_\_  
 Name of College/Training Institute  
 grades, financial aid, and admission application to the Klamath Tribes Education and Employment Department  
 personnel. I will be attending **FULL-TIME** for the full period of training.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\***(TO BE COMPLETED BY FINANCIAL AID OFFICE)**\*\*\*\*\*

I have reviewed the application for the above named student and have determined the following summary of cost and resources.

<b>Educational Budget</b>	(Amount)	<b>Financial Aid</b>	(Amount)
Tuition/Fees .....	\$ _____	Pell Grant .....	\$ _____
Books/Supplies .....	\$ _____	Grant .....	\$ _____
Room/Board .....	\$ _____	Loan .....	\$ _____
Transportation .....	\$ _____	Loan .....	\$ _____
Child Care .....	\$ _____	Work Study .....	\$ _____
Personal Exp .....	\$ _____	Other .....	\$ _____
Miscellaneous .....	\$ _____	Other .....	\$ _____
<b>Cost Total</b>	\$ _____	<b>Financial Aid Total</b>	\$ _____

<b>Resources</b>	(Amount)
Parent Contribution	\$ _____
Student Contribution	\$ _____
Spouse Contribution	\$ _____
Vocational Rehabilitation	\$ _____
<b>Resources Total</b>	\$ _____

**Total Financial Aid & Resources \$ \_\_\_\_\_**

**Tribal Use Only**

Total Unmet Need	\$ _____
Unmet Need Per Term	\$ _____

**Check here if there are no private or federal financial resources available for this student. [ ]**

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number