**Instructions:**

It is the intent of the Klamath Tribes Education & Employment Department to provide all eligible adult Indian students the opportunity to increase their employability through basic education program offered within the Klamath Tribes Service Delivery Area. The Priority of service will be the Klamath Tribes members first and then all other eligible members of other Tribes.

Basic education means classes to complete an adult high school or the general equivalency diploma. It may also mean self-interest or remedial classes that ARE NOT at college level. If you need more information please contact the Department at the number listed above.

**Required Documents for the ABE Application**

<table>
<thead>
<tr>
<th>Documents</th>
<th>First Service</th>
<th>Second Service in Same Year</th>
<th>Third Service in Same Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verification of Residency</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Enrollment</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class Registration</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cost</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Personal Letter of Request</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Verification of Prior Service Completion*</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

* If ABE program services were used prior to this request.

An ABE application must be complete and submitted no later than ten (10) working days prior to the first day of class. If this is not done the request may be denied for the program/class you are trying to enter.

The application and all required documents for this program must be submitted before the request can be reviewed for services.

If you need more information or have questions about the Adult Basic Education Program please call the, Education and Employment Department at the telephone number listed above at extension 115.
Read and complete each section of this application. All information requested must be provided to this Department. A complete application is this application and all required documentation. An application must be complete before it is reviewed by department personnel.

1. Student Information

Name: ___________________________  SSN: ___________________________

Address: ___________________________  Phone Number: ______________

____________________________________________________________________

Marital Status: ___________________________

Age: _______  Date of Birth: ___________  Gender:  Female  Male

Tribal Affiliation: ___________________________  Roll Number: ______________

2. Education

Highest Grade Completed: ________________  Circle one:  GED  High School Diploma

Year Graduated: ___________________________

List Last School Attended, City and State:

____________________________________________________________________

____________________________________________________________________

3. Employment

Are you currently employed?  YES  NO  Circle One.

If so, list your Employer’s name and telephone: ___________________________

(______) ___________________________

How long have you been employed? ___________  Wages: $______________ Hour/Month

4. Services

Have you ever received ABE Services before?  YES  NO  Circle one.

If so, when was the service provided? (Month and Year) ___________________________

What type of service is being requested? Check all that apply.

_______ GED Preparation  _______ GED Testing  _______ GED Re-testing

_______ Remedial Classes  _______ Employment Skill  _______ Life Enrichment
5. Signature Section  **Initial each paragraph.**

_____ The purpose for the information requested in this application is to collect data to determine eligibility for services. Disclosure of the requested information by the applicant is voluntary, but is necessary to obtain the program benefit.

_____ Parts or all of the information in this application can be provided to other tribal departments or the educational facility for which you are applying for program use only. The application will be used in a routine manner by those people involved in financial control who need budgeting information contained in this file.

_____ I authorize the release of the following information as it pertains to my Adult Basic Education file:

- Grade Report, Transcript, Progress Report
- Attendance Verification
- Financial Aid and/or Budget Summaries
- Personal Reports regarding program participation and/or requirements.

I have read the instructions to this application and have asked questions to how this application may be used by the Klamath Tribes. I acknowledge I will provide proof of my class completion by submitting a copy for my file.

PRINTED NAME  

SIGNATURE & DATE  

If needed write Letter of Request here and sign.
TRIBAL ENROLLMENT VERIFICATION FORM

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

- Adult Basic Education
- Adult Vocational Training
- Higher Education
- Johnson O’Malley
- 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

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

Enrollment Officer Signature Date