

## ADULT BASIC EDUCATION (ABE) APPLICATION

The Klamath Tribes - Education & Employment Dept  
 PO Box 436  
 Chiloquin OR 97624

Telephone: (541) 783-2219 FAX: (541) 783-7802

### 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.

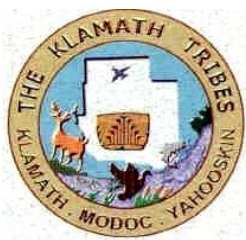
Required Documents for the ABE Application			
Documents	First Service	Second Service in Same Year	Third Service in Same Year
Application	X		
Verification of Residency	X		
Tribal Enrollment	X		
Class Registration	X	X	X
Cost	X	X	X
Personal Letter of Request	X	X	X
Verification of Prior Service Completion*	X	X	X

\* 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.



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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.**

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\_\_\_\_\_ 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.

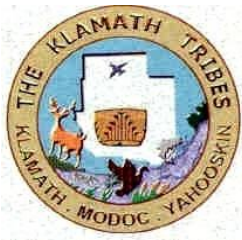
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I have read the instructions to this application and have asked questions to how this application may be used by the Klamath Tribes. I acknowledge I will provide proof of my class completion by submitting a copy for my file.

PRINTED NAME \_\_\_\_\_

SIGNATURE & DATE \_\_\_\_\_

**If needed write Letter of Request here and sign.**



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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