Adult Basic Education (ABE) Application

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	N/A	N/A
Verification of Residency	X	N/A	N/A
Tribal Enrollment	X	N/A	N/A
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.

Adult Basic Education (ABE) Application
The Klamath Tribes - Education & Employment Department
PO Box 436
Chiloquin OR 97624
Telephone: (541) 783-2219   FAX: (541) 783-7802

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: _____   Phone Number: _____

Address: _____

_____

Email: _____   Date of Birth: _____ Age: _____

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? Circle one: YES   NO

If so, list your Employer's name: _____

Employer's telephone: (____)_____

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

4. Services

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

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.
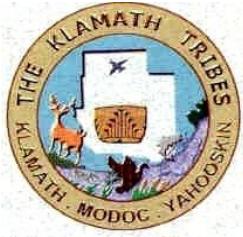
TRIBAL ENROLLMENT VERIFICATION FORM

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 The 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