

**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.

Attached you will find The Klamath Tribes Adult Vocational Training Application. The following check list will assist you with monitoring your application to completion. If you have any questions do not hesitate to call our offices. **Your application will be reviewed when all required information is received.**

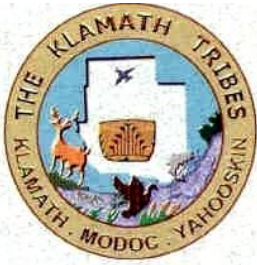
- ☐ **Short Term** is any training program leading to a certificate or license that is shorter than 120 days and the cost is \$750 or less. The complete application must be submitted 8 working days prior to the first day of class.
- ☐ **Long Term** is any training program leading to a certificate or 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	Short Term	Long Term	Repeat AVT
Completed AVT Application	X	X	X
Tribal Enrollment Verification	X	X	X
Personal Letter Goal letter	X	X	X
Official College Transcripts	If Applicable	If Applicable	If Applicable
Cost of Attendance Information	n/a	X	X
Financial Aid Award/Rejection	n/a	X	X
Training Program Information	X	X	X
High School Transcripts/GED Scores	X	X	X

An applicant willingly declares intent to accept full time employment as soon as possible after completion of vocational training for a minimum period of 12 months. An applicant awarded funding through the AVT Program will not be eligible for the Higher Education Scholarship until they have worked in the field of study for 12 months.

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 the Education and Employment Department at extension 115.



The Klamath Tribes Adult Vocational Training Program Application

Complete all areas of this application. Do not leave any area unmarked. Failure to provide accurate and complete information requested in this application will delay services. If you have any questions please ask Education and Employment for assistance.

Individual Information

Name: _____ Telephone: _____

Address: _____

E-mail Address: _____ Date of Birth: _____

Are you an enrolled member of the Klamath Tribes: () Yes () No Enrollment Number: _____

Veteran: () Yes () No Branch of Service: _____

High School Attended/Location: _____

City/Zip: _____ Graduation Date (mm/yy): _____ GED (yr): _____

Scholastic/Training Information

Application Request is for (Choose only one): Short Term AVT _____ Long Term AVT _____

Estimated Start Date: _____ Length of Training: _____

Name Training Facility: _____

Address: _____

City/State/Zip: _____

Expected Certificate or License Earned: _____

Employment Information

Are you currently working? Yes No

Are you working for cash? Yes No

Are you currently disabled? Yes No

Will you work full time? Yes No

Do you own a vehicle? Yes No

Do you have a valid driver's license? State? Yes No If so, where: _____

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: _____

Employment Information (continued)

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

Yes No If so, what program(s): _____

1. **Employment Record**

All information in this section must be accurate and complete. An Assessment of your past employment record will assist in the determination of services for you. If any sections are left blank or incomplete this will cause a delay in delivery of services. List the most recent periods of employment first. If you have no or limited work history please talk with the Employment Specialist prior to completing this application.

Employer Name: _____ from _____ to _____

Address: _____

City/Zip: _____ Job Title: _____

Telephone Number : (____) _____

Reason for Leaving: _____ Wage/ Rate: _____

Job Description of Duties _____

Employer Name: _____ from _____ to _____

Address: _____

City/Zip: _____ Job Title: _____

Telephone Number: (____) _____

Reason for Leaving _____ Wage/ Rate: _____

Job Description of Duties _____

Employer Name: _____ from _____ to _____

Address: _____

City/Zip: _____ Job Title: _____

Telephone Number : (____) _____

Reason for Leaving: _____ Wage/ Rate: _____

Job Description of Duties _____



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

Student Name _____

Social Security Number _____

I hereby authorize _____ to release any information pertaining
Name of College/University
to my grades, financial aid, and admission application to the Klamath Tribes Education and Employment
Department. I will be attending ____ **Part-time** / ____ **Full-time** for the Academic Year of **20** -**20**.

Student 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.

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

Resources

Parent Contribution	_____	Total Financial Aid/ Resources	\$_____
Student Contribution	_____		
Spouse Contribution	_____		
Other	_____		
Resources Total	\$_____		

Tribal Office Use Only

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

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

Financial Aid Officer Signature: _____ Date _____

Financial Aid Officer Email: _____ Phone Number: _____



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

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

<<<<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

**The Klamath Tribes
Education & Employment Department**

Acknowledgment and Release of Information Statement

I hereby certify that the information on the 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 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 of 75% pf the total possible points. It is my responsibility to forward my grades in accordance to the signed VT 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.

AVT applications are to have a hand written or typed letter included with the application. Please utilize this form, or you may use a separate sheet of paper. Please list the specific **request of services, with associated costs**, for this application. All letters require applicant's signature and date.

Personal Letter Form

Print Name

Signature

Date