



CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON;

Attention Alissa Lane – Education Specialist
 PO BOX 549
 Siletz, OR 97380
 Telephone 541-444-8373, Fax 541-444-8392
 Email: alissal@ctsi.nsn.us

APPLICATION FOR ADULT VOCATIONAL TRAINING (AVT)

The following documents or information will be required to complete the application:

Documents Required	First time Applicant	Continuing Student
Adult Vocational Training Applications	YES	YES
Statement of Education Goals and Plans	YES	YES
Certification of Siletz Tribal Enrollment Residency requirement. Applicant must reside within the Confederated Tribes of Siletz Indians of Oregon's eleven (11) county service area; Copy of Drivers license or ID	Program verifies enrollment Yes	
Letter of Acceptance for Admission to college or Training Institute	YES	
Complete High School Transcript & Copy of High School Diploma, GED Certificate or Complete College Transcript	YES	YES-Transcript
Financial Aid Package (Proof that you have applied for Financial Aid)	YES	YES
Placement Test or SAT/ACT Results or School Aptitude Test	YES	NO
Degree Evaluation for 2 nd year of program at Community College		YES

Deadline to submit this application is as follows: We will fund students for the academic year once per year. **FALL TERM-JUNE 30**

Vocational Clock Hour Schools are handled on a case by case basis; contact your Education Specialist for information.

All documentation must be turned in to the Education Specialist in the area office where you are attending school.

It is the Application's responsibility to keep our office informed of current mailing address and phone number. Completed grant applications must be submitted for each school year. Please return this completed application to the above address.

CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON; Attention Education Department – AVT;
 PO BOX 549
 Siletz, OR 97380
 Telephone 541-444-8373, Fax 541-444-8392

APPLICATION FOR ADULT VOCATIONAL TRAINING (AVT)

General Information about You:

LAST NAME		FIRST NAME	MIDDLE NAME	MAIDEN (IF ANY)
MAIL ADDRESS		CITY, STATE & ZIP CODE		
PHYSICAL ADDRESS (IF DIFFERENT)				COUNTY OF RESIDENCE
Home Telephone Number	Work Telephone Number		Cell Phone Number	
E-Mail Address	Message Number		Name of Contact for Message Number	

Personal information about you:

SOCIAL SECURITY NUMBER	DATE OF BIRTH	SILETZ TRIBAL MEMBER <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes ⇨	ENROLLMENT NUMBER	VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No
SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			# OF DEPENDENTS

Information about the kind of diploma you received:

Diploma	Name and Location of High School				
<input type="checkbox"/> High School					
High School Diploma Complete this area		High School Graduation Date	Type of High School		
			<input type="checkbox"/> BIA	<input type="checkbox"/> Tribal	<input type="checkbox"/> Private
Diploma	Name and Location where GED was obtained				
<input type="checkbox"/> GED					
General Education Diploma (GED) Complete this area		GED Graduation Date			

Information about the kind of training requesting:

Type of training or employment you are interested in:

Training or Employment Location: _____

Course Number and Title: _____

Name of School & address: _____

Have you ever received a Tribal Education Grant before? Yes No

If yes what years



	Higher Education Terms funded	Adult Vocational Training-Terms/Months Funded

Status in Education program last term attended was: Good Probation Suspended

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Confederated Tribes of Siletz Indians of Oregon's Adult Vocational Training Grant Program solely for expenses connected with attendance at:

Name of institution: _____

PROGRAM EXPECTATIONS AND GUIDELINES

Attendance: Program expectations include regular attendance, arriving for class on time and remaining in class until the end of class. Students' subsistence grants can be reduced according to the number of unexcused absences from school. One verbal warning will be given before any reduction will be implemented;

Class Schedules: Mail each term's class schedule to our office as soon as it is available. You should include days, time, building and room numbers. If you are working, please include those days and times;

Grade Reports: Students will not receive Tribal checks for the next term until our office has the previous term's grade report. It is your responsibility to provide us the report, not the schools.

12/2: In order to remain in good standing with the Tribal AVT Program, you must complete twelve (12) credit hours per term and earn at least a 2.0 Grade Point Average (GPA) or clock hours as required by training institution. Remember, you need to meet our Tribal program standards and your school's financial aid standards.

Please take care to protect your status as a student. Funding is becoming a real problem. Submit your Financial Aid Forms (FAF) early in January each year. Respond to any request from the College Scholarship Service. Complete your school's financial aid validation process as soon as possible. The Tribe will not be responsible to replace any funding lost by the student for failing to complete the financial aid process in a timely manner. The following contain excerpts taken from the Confederated Tribes of Siletz Indians' Adult Vocational Training (AVT) Manual. They outline the regulations and rules that must be followed while participating in the AVT program, you will need to sign the statement that you have read and understood the manual excerpts and program expectations.

Privacy Act and Paperwork Reduction Act Statement

This information is provided pursuant to public law 93-579 (privacy act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant for eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that that the above information on this form is true and correct to the best of my knowledge. I consent to the exchange of information between the Tribal Education Program, other agencies and school staff. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Adult Vocational Training Program office at the end of each Academic Term/Semester.

The following points are emphasized and you as the student agree to the following:

1. Students receiving grant aid are expected to complete the minimum of hours required, to be considered regular or full-time student (12 credit hours) or clock hours set forth from training institute with plans to complete the program requirements within the program requirements. Satisfactory grades must be maintained (GPA of at least 2.0).
2. Funds will be placed with the Financial Aid Officer or Business Manager of the college or university for use in accordance with the approved budget.
3. If circumstances arise which make it impossible to remain in school, the student should immediately notify the Tribe. There may be a waiting list of students applying for funds; refunds may be used to assist these students.
4. Each student must furnish a copy of his current term-semester class schedule and grade report to the Tribe at the end of each term/semester. Failure to do so may result in a delay of the release of the subsequent term's funding.
5. Notify Tribal Education Program and College Financial Aid office of any funds received for education expenses, ie. Scholarships, Veterans Funds, Voc Rehab funds, etc.

AGREEMENT

I hereby applied to the school indicated on this application and agree to follow all rules, regulations, attendance requirements of the school, and to the best of my ability, will satisfactorily complete the course, which I have selected. I further agree that the funds issued to me for training purposes by the Confederated Tribes of Siletz Indians of Oregon, Adult Vocational Training Program, will be so used or repayment will be made to the Siletz Tribe. I understand that if I am eligible for other training funds, this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, financial aid and any other information that is related to academic progress to the Confederated Tribes of Siletz Indians of Oregon.

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Signature of AVT Applicant

Date



CONFEDERATED TRIBES OF SILETZ INDIANS OF OREGON
Attention Education Department – Adult Vocational Training;
PO BOX 549
Siletz, OR 97380

RELEASE OF INFORMATION

Name: _____

Social Security Number: _____ Date of Birth: _____

To Whom It May Concern:

I, _____ do hereby authorize the release of any and all information regarding my case file as it relates to the eligibility/application for assistance from the Confederated Tribes of Siletz Indians (CTSI) of Oregon, for the Academic Year 20__-20__. This authorization includes but is not limited to the following:

- ❖ Grade Reports, transcripts, progress reports
- ❖ Attendance verification
- ❖ Financial aid transcripts and budget summaries
- ❖ Personal reports, program participation and/or requirements

The information is permitted to be released to the Confederated Tribes of Siletz Indians (CTSI) of Oregon Education Department.

x

Signature of Student

Date

I authorize the Confederated Tribes of Siletz Indians to release information from my education file to my school or other programs that I am participating in.

x

Signature of Student

Date

I consent to having my name placed in the Siletz News and other local Tribal newsletters for any education accomplishments I am achieve in the future.

x

Signature of Student

Date