



# Adult Education Request for Services

Confederated Tribes of Siletz Indians  
Portland Area Education Specialist Katy Kaady  
12790 SE Stark Street, Suite 102  
Portland, OR 97233

503-238-1512 Fax: 503-238-2436 e-mail: katyk@ctsi.nsn.us

Name : \_\_\_\_\_ Age: \_\_\_\_\_ Roll: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Daytime #: \_\_\_\_\_ Message#: \_\_\_\_\_

Title of Class/Workshop requested: \_\_\_\_\_

Name of Person, School, or Organization offering the class: \_\_\_\_\_

Address: \_\_\_\_\_

	<b>Total Costs to take Class</b>	<b>What can you/others pay</b>	<b>What you are requesting</b>
Tuition/Fees:	\$ _____	\$ _____	\$ _____
Books:	\$ _____	\$ _____	\$ _____
Supplies (list): _____	\$ _____	\$ _____	\$ _____
Others (list): _____	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_  Tribal Member  Approved  Denied Amount: \$ \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Completed  Uncompleted  Grade Received: \_\_\_\_\_