



Adult Education Request for Services

Confederated Tribes of Siletz Indians
Siletz Area Education Specialist Alissa Lane
P.O. Box 549
Siletz, OR 97380

541-444-8373; Toll Free 1-800-922-1399 ext. 1373; Fax: 541-444-8392 e-mail: alissal@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: _____

	Total Costs to take Class	What can you/others pay	What you are requesting
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: _____