



Adult Education Request for Services

Confederated Tribes of Siletz Indians

ATTN: Eugene Area Office Education Specialist

2468 West 11th Ave

Eugene, OR 97402

Phone: 541-484-4234 Fax: 541-484-4583 E-mail: candaceh@ctsi.nsn.us

Name: _____ Preferred Name: _____

CTSI Roll Number: _____ Date of Birth: _____ Age: _____

Address: _____ County: _____

Cell Phone: _____ Home Phone: _____ Email Address: _____

Title of Class, Training, Workshop, or Certification Requested: _____

Name of Person, School, or Organization Offering the Class: _____

Address: _____

	Total Cost	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 Over 16 Approved Denied

Amount: \$ _____ Staff Signature: _____ Date: _____ Title: _____

Completed Uncompleted Grade Received: _____