

YUROK TRIBE

EMPLOYMENT ASSISTANCE (AVT) GRANT APPLICATION



Name: _____ Social Security #: _____
Last First MI Maiden

Permanent Address: _____ Telephone: _____
PO Box/Street City State Zip Code

Temporary Address: _____ Telephone: _____

Birth Date: _____ Sex: ___ Tribal Roll #: _____ State of Residency: _____

Marital Status: Single ___ Married ___ If married, name and address of spouse: _____
Spouses Tribe: _____

Are you or your spouse employed/self-employed? ___ Yes ___ No Monthly Income: _____

Do you or your spouse receive AFDC/Disability? ___ Yes ___ No Monthly Income: _____

Do you or your spouse receive Unemployment benefits? ___ Yes ___ No Weekly Benefits: _____

Do you or your spouse receive Alimony/Child Support? ___ Yes ___ No Monthly Income: _____

of Dependants: _____ Do Dependants live with you? ___ Yes ___ No Ages: _____

Are you a high school graduate? ___ Yes ___ No School Name and Graduation Date: _____

School Type: ___ Public ___ Private ___ BIA ___ Mission ___ G.E.D. Date Passed G.E.D.: _____

Have you received AVT and/or Higher Education funds in the past? ___ Yes ___ No

If yes: For what? _____ When? _____ What Amount? _____

Training Certification: Goal: _____ 1st Choice _____ 2nd Choice: _____

Name and Address of school /training program: _____

Name & phone number of school/program contact: _____

Training start date: _____ Expected completion date: _____

Where will you live? ___ On Campus ___ Off Campus ___ With Parent ___ Other: _____

Do you need Child Care? ___ Yes ___ No Who will provide Child Care? _____ Cost: _____

STATEMENT OF TRAINING PURPOSE: I agree to use all funds I receive under the Yurok Tribe Employment Assistance (AVT) Grant Program solely for the school /training program in which I am enrolled. I will adhere to the rules of the school/training program, meet all attendance requirements and complete the program to the best of my ability. These funds shall be repaid in full to the Yurok Tribe if they are not used for this approved purpose.

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 from 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 Yurok Tribe. Response to this request is required to obtain a benefit.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any Tribal Grant awarded to 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 Yurok Higher Education Office at the end of each term.

Signature of applicant: _____ Date: _____