

YUROK TRIBE
SPECIAL ADULT VOCATIONAL TRAINING
(AVT) APPLICATION



Enrollment period: *Open: September 15, 2010*
Closing: October 15, 2010

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

Address: _____
(Mailing Address) PO Box/Street City State Zip Code Phone #

Birth Date: _____ Gender: _____ Tribal Roll #: _____

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: _____
Must be an accredited institute/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: _____

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 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. I will provide a copy of my certificate to the Yurok Tribe's Education Department upon completion of the program.

Signature of applicant: _____ Date: _____
Email Address: _____

MAIL COMPLETED APPLICATION TO: _____

FOR OFFICE USE ONLY: Date Received: _____ Application Complete: ___ yes ___ no