ADULT / VOCATIONAL EDUCATION APPLICATION

Vocational Education:

The following documents are needed to complete application for Vocational Education:

1. Complete Adult / Vocational Education application
2. Enclose high school transcript/GED
3. Send copy of academic school year calendar and program of study form school catalog

The following is a list of fees the Tribe will cover once the application is approved:

1. Tuition per term $500.00
2. Books & Supplies per term $300.00
3. Transportation $100.00 (for each month upon request as long as funds are available)

Adult Education:

The following documents are needed to complete application for Adult Education:

1. Complete Adult / Vocational Education application
2. Include information for cost of class for Adult Education
Application for Adult/Vocational Education

Name __________________________________________ Maiden/Alias, if any ____________
   Last  First  M.I.

Mailing Address ________________________________________________________________

Telephone Number ( ) ________________________________

In Case of Emergency: Name ____________________________________________________

Address ________________________________________________________________

Telephone Number ( ) ________________________________

Social Security No. __________________________ Date of Birth _______________________

Veteran: Yes ☐ No ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow ☐

Number of Dependents: _______ Children in School _______

Education (check one) High School Diploma ☐ GED ☐ Highest Grade Complete _______

Have you attended any school since high school? If yes, explain _________________________

Name and location of last school you attended ________________________________________

Type of service requested? (Check one) Adult Vocational Training ☐ Adult Education ☐

1st Choice 2nd Choice

School you wish to attend _________________________________________________________

Type of training desired _________________________________________________________

If unable to attend a Community College, why? _____________________________________

Type of training or employment you are interested in: ________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Do you have any physical limitation that would interfere with your training or employment?  
Yes ☐  No ☐

If yes, please explain ______________________________________________________________

Have you had previous training?  Yes ☐  No ☐

If yes, please explain ______________________________________________________________

Training or Employment Location Desired: ____________________________________________

For training: ______________________________________________________________________

Course Number and Title: __________________________________________________________

School and Address: __________________________________________________________________

Do you have income from any source?  Yes ☐  No ☐

If yes, please explain ______________________________________________________________

To Be Initialed By Applicant For Training Only:

I hereby apply to attend the school indicated on this application and agree to follow all  
rules, regulations and attendance requirements of the school and to the best of my ability  
will satisfactorily complete the course which I have selected. I further agree that the funds  
issued to me for training purposes by the Enterprise Rancheria will be so used or  
repayment will be made to the Enterprise Rancheria. I understand that if I am eligible for  
other training funds, such as Basic Educational Opportunity Grant (BEOG), etc, this will  
be included when computing my financial aid package and I agree to use those funds for  
the purpose intended. I authorize the school to release grade, attendance, and income  
information to Enterprise Rancheria personnel.

____________________________________

Applicant Initial
Privacy Act and Paperwork Reduction Act Statement:

2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for service.
4. The routine use of this information is by Enterprise Rancheria and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

_________________________________  __________________________
Applicant Signature                     Date

_________________________________  __________________________
Interviewer Signature                   Date
Educational Goals

Please explain below what your goals are and what you expect to achieve with the help of Enterprise Rancheria:

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