



## **ADULT/VOCATIONAL EDUCATION ASSISTANCE PROGRAM**

### **Eligibility for Adult/Vocational Education Assistance Program:**

1. Must Be an Enrolled Tribal Member
2. Assistance payment shall not exceed \$5,000.00 for the calendar year (Jan –Dec).
3. Applicant must be in good standing with the Tribe.

**Adult Education Assistance-**Financial assistance for eligible tribal members to enhance their current job or to pass the General Equivalency Diploma exam (GED) or other accredited High School completion programs.

**Vocational Training Assistance-** Financial assistance for eligible tribal members attending an accredited vocational training institution or training program.

### **Documentation:**

-For Adult Education Assistance- A letter from your employer regarding why training is necessary for current position.

-Vocational and Adult Education Assistance- Cost of class/tuition fees, Copy of academic school year calendar and class schedule.

Also, please complete vendor form with Name, Address and amount owed to each vendor.

**If the documentation is not attached with the application, we will not be able to process your assistance.**



**ENTERPRISE RANCHERIA**  
2133 Monte Vista Ave.  
Oroville, CA 95966  
Phone: (530) 532-9214 Fax: (530) 532-1768

**Adult/Vocational Education Assistance Program**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:**

	<b>NAME</b>	<b>DATE OF BIRTH</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**PLEASE DESCRIBE WHAT YOU'RE REQUESTING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please state vendor information below:**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor City, State & Zip: \_\_\_\_\_

Amount Due: \_\_\_\_\_

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For office use only: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Tribal Administrator: \_\_\_\_\_ 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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