



Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

ADULT VOCATIONAL TRAINING APPLICATION

ADULT VOCATIONAL TRAINING PROGRAM

APPLICATION CHECK SHEET

- APPLICATION
- BLOOD CERTIFICATION AND/OR TRIBAL ENROLLMENT CARD
- BIRTH CERTIFICATE: APPLICANT AND DEPENDENTS
- COPY OF SOCIAL SECURITY CARD
- TRANSCRIPT (HIGH SCHOOL, COMMUNITY COLLEGE, GED SCORESHEET, OTHERS)
- DRIVER'S LICENSE
- PERSONAL LETTER
- TEST SCORES
- PHYSICAL EXAMINATION (I.H.S. or Primary Care Provider)
- LETTER OF ACCEPTANCE FROM TRAINING CENTER
- FINANCIAL NEED ANALYSIS
- COPY OF FAFSA
- VERIFICATION OF RESIDENCY
- OTHER



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ADULT VOCATIONAL TRAINING APPLICATION

Number: _____

Applying for: Vocational Training Direct Employment

Other _____

New Returning – Date of Previous AVT Award: ___ / ___ / ___ Agency: _____

Name: _____ Social Security No. _____ - _____ - _____

Address: _____ Phone No.: () _____ - _____

Tribe & Number: _____ Date of Birth: ___ / ___ / ___ Veteran: Yes No

Marital Status: M S D/Sep. Number of Dependents Living With You: _____

High School Diploma Date of Grad: ___ / ___ / ___ G.E.D. Date Taken: ___ / ___ / ___

Institution Attending or Job Site: _____

Start Date: ___ / ___ / ___ Completion Date: ___ / ___ / ___ Major: _____

College Grade Completed: _____ Degree Received: _____

Employment History: Please list all previous employment & locations.

1. _____ Date: ___ / ___ / ___ Title: _____
2. _____ Date: ___ / ___ / ___ Title: _____
3. _____ Date: ___ / ___ / ___ Title: _____

Under the Federal Privacy Act of 1974, Federal Agencies cannot release information about you to anybody without your authorization.

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 stat. 208) and P.L. 84-959 (70 stat. 986) as amended by P.L. 88-230 (77 stat. 471.25 U.S.C. 309)
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 services.
4. The routine use of this information is to evaluate your request and to assist you before and during your training. After completion, or if this application is for Direct Employment, parts or all of the information will be provided to employers for employment consideration.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance.

I have read the above statement. I hereby provide the required information and authorize the use of such information as specified. I also understand that if I unofficially withdraw/separate from training/employment without notification, I will be terminated from the program and be required to refund the assistance I received. I further understand that I must maintain minimum academic and attendance requirements required by the school to complete my training program. I authorize the educational institution/employer to release my grades and any information which would assist in completing vocational training/employment.

Date: ___ / ___ / ___ Signature: _____

OFFICIAL USE ONLY

Initial Repeat - # Services: _____ Eligible Ineligible _____
 Approved Disapproved Manager/Counselor: _____

Post Office Box 151, Fort Road, Toppenish, WA 98948 (509) 865-5121 Ext. 4542, 4540



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PERSONAL LETTER

Please write a personal letter indicating your personal educational goals and employment plans after completing your course of study.



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AVT FINANCIAL NEED ANALYSIS

Student's Name: _____ S.S.#XXX-XX-_____

Student is: Dependent Independent State Resident: Yes No

Housing: On Campus Off Campus Commuter: Parent's Home

Start Date: ___/___/___ Completion Date: ___/___/___ Course Title: _____

School System: Weekly Monthly Quarter Semester Other: _____

STUDENT BUDGET:

From: ___/___/___ to ___/___/___

Tuition and Fees.....\$ _____

Room and Board.....\$ _____

Books and Supplies.....\$ _____

Transportation.....\$ _____

Personal Expenses.....\$ _____

Dependent(s) Allowance.....\$ _____

Child Care.....\$ _____

Total: \$ _____

STUDENT RESOURCES:

Student Contribution.....\$ _____

Parent Contribution.....\$ _____

Spouse Contribution.....\$ _____

Social Security.....\$ _____

ADC/PA.....\$ _____

Veteran's Benefits.....\$ _____

Other _____ \$ _____

Total: \$ _____

INSTITUTION FINANCIAL AID AWARDED:

From: ___/___/___ to ___/___/___

Actual Estimated Ineligible: CSS Code No.: _____ Incomplete File

Will a new award be made the beginning of your Fiscal Year? Yes No

Pell Grant.....\$ _____ Tuition Waver.....\$ _____

Perkins.....\$ _____ College Work Study.....\$ _____

S.E.O.G.....\$ _____ Other _____ \$ _____

State Need Grant.....\$ _____ Total: \$ _____

TOTAL FINANCIAL AID APPLIED TO: Tuition:\$ _____ Books:\$ _____ Other:\$ _____

Comments: _____

FINANCIAL AID OFFICE: Please complete and return this form to the Adult Vocational Training Program prior to start date.

 Authorizing Official's Signature Title Date ___/___/___

(Institution)

(Address and Phone Number)

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