

# Adult Vocational Program

This program is for Delaware Nation enrolled citizens that need training to obtain/enhance job skills or to acquire a General Education Diploma (GED). **Maximum award per academic year is \$3,000 which will be disbursed in two payment cycles based on attendance.** All tuition checks are paid to the school.

**This program operates on a first come, first served basis depending on availability of funds.**

The Adult Vocational Training (AVT) Program is available to enrolled Delaware Nation citizens, 17 ½ years of age or older for full or part-time training.

## **REQUIRED DOCUMENTS:**

The following documents must be complete and submitted with this application. If you fail to secure these documents, your application will be placed on pending status.

- ✓ If applicable, a copy of high school transcript or GED certification
- ✓ Letter of intent written by applicant
- ✓ Letter of admission for proof of acceptance of enrollment
- ✓ Training Cost Worksheet (pg.3). Must be completed by school official
- ✓ Full-time students must apply for federal financial aid through the training facility

## **ATTENTION STUDENT:**

Please submit page 3 of this application to the training facility that you plan to attend and have the financial aid office or a school official complete the training cost worksheet.

## **DEADLINE**

Application must be submitted 30 days prior to start date.

## **SERVICE AREA**

NATIONWIDE

Adult Vocational Program  
P.O. Box 825  
Anadarko, OK 73005



Toll Free 1-800-203-2121  
Phone (405)247-2448  
Fax (405)247-5942

PLEASE PRINT

Name \_\_\_\_\_ Enrollment# \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Assistance needed for training:  Full Time  Part time  GED

Name of School \_\_\_\_\_ Start Date \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Completion Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Have you previously received assistance from the Adult Vocational Program? Yes  No

If yes, what year? \_\_\_\_\_

*My signature below will indicate that I have agreed to the following conditions for funding. The information contained in my scholarship application contains no falsification and all items are true and correct. I understand that any false statements made herein would result in a voided application. I grant consent to release this information to the necessary agencies in order to complete my financial aid package. I declare that I will use all funds from the Delaware Adult Vocational Program solely for expenses connected to attending the facility listed above.*

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME



Form to be completed by School official

**EDUCATION COST WORKSHEET**

Student Name \_\_\_\_\_

Name of School \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ Completion Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Training \_\_\_\_\_ Full Time  Part Time

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

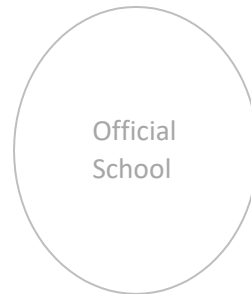
**Total Program Cost \$ \_\_\_\_\_**

Less Pell Grant \$ \_\_\_\_\_

Less Loans \$ \_\_\_\_\_

Less Funding Source \$ \_\_\_\_\_

**Student Unmet Need \$ \_\_\_\_\_**



\_\_\_\_\_  
 Signature of School Official

Delaware Nation Education Program Recommended To Pay \$ \_\_\_\_\_