



## Coquille Indian Tribe Application for Adult Vocational Training

3050 Tremont St. North Bend, OR. 97459

Telephone: 1-800-622-5869; 541-756-0904 Fax: 541-756-0847

Date \_\_\_\_\_

Name \_\_\_\_\_

Permanent address \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_ Social Security # \_\_\_\_\_

Type of training you are interested in: \_\_\_\_\_

\_\_\_\_\_

Institution name and address: \_\_\_\_\_

\_\_\_\_\_

Length of training: \_\_\_\_\_

Type of certification to be obtained: \_\_\_\_\_

Cost of training (see form on next page): \_\_\_\_\_

Education: highest grade completed \_\_\_\_\_

Schools attended/dates \_\_\_\_\_

Do you have any physical limitations that would interfere with your training or employment? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you have income from any other source? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Employment status: (Please circle) full time; part time; unemployed

Employer:

Address:

Length of time employed \_\_\_\_\_ salary \_\_\_\_\_/month

## **CIT VOCATIONAL GRANT APPLICATION**

### **PERSONAL STATEMENT**

**Write a personal statement in the space below about your vocational goals. Describe how the Tribe will benefit by sending you to school. (Attach additional pages if necessary).**

## **Vocational Grant Agreement**

**I understand that if I withdraw before the term/semester/training is over for any reason, I will refund to the Coquille Indian Tribe the Tribal Grant Award advanced to me before qualifying for any further award.**

**I agree to notify the Coquille Indian Tribe Education Department of any change of institution or any intention of withdrawing from classes.**

**I agree to make every effort to maintain a grade point average of 2.0 or better (if certification is graded)**

**I agree to submit a grade report or evaluation at the end of each term/semester. Failure to comply will result in withholding the disbursement of grant funding.**

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**Signature of applicant** **Date**

## Release of information

\_\_\_\_\_, \_\_\_\_\_, hereby  
(name) (social security #)

authorize \_\_\_\_\_ to release any information  
(school or institution)

Pertaining to my case file as it relates to my application for adult vocational training grant. This authorization includes, but is not limited to, the following:

- Grade reports and transcripts
- Attendance figures on a monthly basis
- Financial aid transcripts and budget summaries
- Personal reports regarding program participation and requirements
- External vocational aptitude tests

This information shall be released to

Educational Director  
Coquille Indian Tribe  
P.O. Box 783  
North Bend, Oregon 97459

Telephone: 541-756-0904

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
date

## **PRIVACY AND PAPERWORK REDUCTION ACT STATEMENT**

The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational school system under the general authority of chapter 115, P.L. 67, 86, 2, Statute 208, (25 US) and 62 BIAM 18.1. In accordance with the accountability required for the administration of funds appropriated for educational programs and in order to provide services to individuals and to declare eligibility, certain information is required. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

The individual should understand that the intent of collecting and maintaining data on individuals is for determining eligibility and to provide the means for producing certain statistical records required of the office. Failure on the part of the individual to provide the requested information will preclude the applicant from eligibility in obtaining educational assistance under this program.