

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

Social Security #: _____

INFORMATION RECORD

Name (Last, First, Middle Initial)	Mail Address	Date of Birth
Telephone No:		

Veteran ____ Yes ____ No	Marital Status ____ Single ____ Married ____ Widow ____ Divorced ____ Separated	____ Number of Dependents ____ Children in School
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Applying for: ____ Vocational Training ____ Direct Employment Other _____	Have you applied with the Adult Vocational Training Program before? Yes ____ No ____ (Circle # of times if Yes) 1 2 3 4 5 6	In case of Emergency Name: _____ Address: _____ Tel. No: _____
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Education:
Highest Grade Completed: _____ Schools Attended & Date: _____

Type of Training or Employment you are interested in: _____

Do you have any physical limitations 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: _____

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

If Yes, please explain: _____

School: Public _____ Private _____ Other _____

Name: _____ Field of Study: _____

Address: _____ Expected school enrollment date: _____

City, State, ZIP: _____ Expected graduation date: _____

Enrollment Status:

____ Freshman ____ Fulltime ____ Fall 20____ ____ Winter 20____

____ Sophomore ____ Part-time ____ Spring 20____ ____ Summer 20____

____ Other ____ Special

EMPLOYMENT RECORD: (List your three most important periods of employment)

From: _____ To: _____ Name and Address: _____
Job Title: _____ Description of Duties: _____
Reason for Leaving: _____

From: _____ To: _____ Name and Address: _____
Job Title: _____ Description of Duties: _____
Reason for Leaving: _____

From: _____ To: _____ Name and Address: _____
Job Title: _____ Description of Duties: _____
Reason for Leaving: _____

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 Bureau of Indian Affairs will be so used or repayment will be made to the U. S. Government. I understand that if I am eligible for other training funds, such as Supplemental Educational Opportunity Grants (SEOG), 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 Bureau of Indian Affairs personnel. _____ **(INITIAL HERE)**

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

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. 109)
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 by BIA 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 in 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)

DEPARTMENT OF EDUCATION USE ONLY:

Date Received: _____ BY: _____ Eligible for Funds
Ineligible for Funds