OTOE MISSOURIA ADULT EDUCATION PROGRAM

Dear Applicant:

The Otoe-Missouria Tribe of Oklahoma, Employment and Training Department would like to thank you for requesting an Adult Education application. This program is contracted under the current PL 93-638 contract pursuant to standards provided in 25 CFR, Part 27. The following explains the purpose of the program and the participant eligibility.

**Adult Education Program**

**Program Purpose:** *The Adult Education program provides assistance to enrolled Otoe-Missouria Tribal members and other eligible Indians living in our service area, who lack basic literacy skills, and/or are in need of short term classes to function effectively in society. These training opportunities will assist participants to obtain and retain employment that ultimately promotes self sufficiency.*

The program is administered in two parts.

1) GED attainment/ Literacy classes
2) Short term classes for those with limited skills and proficiency to advance or retain employment

The Adult Education program is not an entitlement program. Tribal membership does not determine eligibility. Completion of an Individual Development Plan will be implemented for all participants. The attached application specifies all requirements and MUST be completed in full before funding consideration is given.

Please feel free to contact our office for additional information or assistance completing the application. Return application to Employment Training office located in the Rock Building, Otoe Missouria Campus, or you may fax to 580-723-4310, or email to jwarrior@omtribe.org.

Respectfully,
The Otoe-Missouria Job Placement and Training Program
Otoe Missouria Tribe Adult Education
Revised 1/15/2013
ADULT EDUCATION APPLICATION

Last Name, First, MI.                      Date

________________________________________

Address                                                                                                           Date

City, Zip Code

Phone #                                                                                                           Affiliated Tribe

Emergency Contact:                                                                                                  

Name Address Phone #

EDUCATION:

Highest Grade Completed: School Attended: Dates:

APPLYING FOR:

____ Vocational/Technical Training

____ On-the-Job Training

____ Apprenticeship Training

____ Supportive Services While in Training
VOCATIONAL OR TRAINING

Type of Training you desire: ________________________________

Course Title/ Course #: _______________________________________

Training Institution Name and Address: _____________________________

Phone # ___________________ ___________________

Have you applied for: Pell ( ) VA Benefits ( ) OTAG ( ) Loans ( ) WIA ( )
Other Financial Aid ( )
Have you had previous training: ________________________________
If yes, please explain: __________________________________________
If yes, did you receive any BIA funding to attend: ___________________

EMPLOYMENT RECORD:

List last Job held: ___________________ Date employed: _______________

Employer Name and Address: _____________________________________

Phone #: ______________________________ __________________

Job Title: _____________________________________________________

Description of Duties: ___________________________________________

________________________________________________________________

Reason for Leaving: _____________________________________________

Signature: __________________________________ Date: _________________

APPLICATION MUST INCLUDE THE FOLLOWING:

→ CDIB   → TRAINING   → COURSES SELECTED/COST AND LOCATION

→ UPON COMPLETION: CERTIFICATION OR LICENSE, ETC.