

----- KICKAPOO TRIBE IN KANSAS  
Kickapoo Education Program                    ENT  
1107 Goldfinch Rd.                                5439  
Horton, Kansas 66439  
1-877-864-2822 fax 785-486-3301  
FX: 785-486-3301

**ADULT EDUCATION PROGRAM APPLICATION**

In addition to completing the attached application,  
You must also submit the following:

1. \_\_\_\_\_ A COPY OF CERTIFICATE OF DEGREE OF INDIAN BLOOD.
2. \_\_\_\_\_ A LETTER IN WRITING REQUESTING FUNDING ASSISTANCE FOR ADULT EDUCATION.
3. \_\_\_\_\_ VERIFICATION OF CLASS/CLASSES (GED) ATTENDING: WORKSHOPS; OR CONFERNCES ETC: SHOWING WHEN IT WILL BE HELD, SUBJECT, DURATION, AND WHAT COSTS WILL BE INVOLVED:
4. \_\_\_\_\_ PART-TIME COLLEGE COURSES: less than (9) HRS: (copy of enrollment form) copy of amount Tuition, books., and fees.
5. \_\_\_\_\_ CERTIFICATE OF AGREEMENT.

**When all document are received your eligibility for available funding will be determined:**

In accordance with the Adult Education Program contract. Priority will be given to applicants wishing to complete their G.E.D. A one page written report of training received will be required of all approved program participants upon completion of training to be turned into this office for the applicant files. Until this report is received further funding will not be approved. Applicants must turn in a Certificate of completion or Course grades, before any funding will be released to take other Courses, or Workshops.

K Kickapoo Education Program      JAS  
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CERTIFICATE OF AGREEMENT

I hereby acknowledge, that I have received funds to be allocated toward an educational program initiated by myself and approved through the application process for assistance under the Kickapoo Education Program. This assistance is available to members enrolled with the Kickapoo Tribe in Kansas. It is the goal of the Kickapoo Tribe in Kansas to educate its members and make this service available to everyone provided they remain in good standing.

This service includes; but is not limited to, College Classes, Workshops, Short Term Certification Programs and GED/Alternative H.S. Diploma Programs. Currently, Internet Classes are not classified under classroom training for payment assistance.

I understand that if I fail to complete the program without good cause, I am obligated to repay all funds received from this program in a timely manner. Repayment can be made through either one lump sum payment or through an approved repayment agreement. If I cannot make payment or defer from the approved repayment agreement, I agree to a voluntary release of per capita funds to cover repayment of the education funding.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please Print) Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

*KTIK Education Program Office Use  
Tribal Member Applicant Status:*

Adult Education \_\_\_\_\_ Tribal Supplemental \_\_\_\_\_  
Vocational Education \_\_\_\_\_ Master's Program \_\_\_\_\_  
Higher Education \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_

TRIBAL

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LOCATION

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ PHONE \_\_\_\_\_

TRIBAL ENROLLMENT # \_\_\_\_\_ DEGREE OF BLOOD \_\_\_\_\_

HAVE YOU EVER APPLIED FOR ASSISTANCE BEFORE? \_\_\_\_\_ IF SO WHEN \_\_\_\_\_

EMPLOYMENT HISTORY

EMPLOYMENT STATUS \_\_\_\_\_ NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYMENT \_\_\_\_\_ POSITION \_\_\_\_\_

EDUCATION HISTORY

HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_

SCHOOLS ATTENDED AND DATE GRADUATED IF APPLICABLE  
\_\_\_\_\_  
\_\_\_\_\_

AREA OF INTEREST (WHAT TYPE OF FUNDING APPLYING FOR)

WORKSHOP, TRAINING, CLASSES ENRICHMENT APPLYING FOR: PLEASE LIST DATES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must attach a copy of the Bulletin, or Classes, describing the Workshop, Cost, Dates, Location & Deadline  
Attach a copy of your degree of Indian Blood and letter requesting assistance for funding.

Are you interested in G.E.D. Test Preparation? Y or N

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Applicants Checklist

1. \_\_\_\_\_ Copy of Bulletin describing Workshop
2. \_\_\_\_\_ Letter requesting assistance of funding
3. \_\_\_\_\_ Copy of Indian Blood Degree
4. \_\_\_\_\_ Cost of Workshop or Training/Deadlines, any information pertaining to funding the event