

KICKAPOO TRIBE IN KANSAS

Higher Education * Vocational Education * Adult Education

VOCATIONAL TRAINING APPLICATION

To be eligible for vocational training assistance, applicants must live on the Kickapoo Reservation or must live near (within a 15 mile radius of the Kickapoo Reservation).

VOCATIONAL TRAINING APPLICANTS MUST ALSO:

1. Attach to the application a letter in writing stating "Need for Grant" and planned use of the grant and course of study.
2. Send copy of letter of acceptance for admission from school to be attended, with verification from school that you are enrolled as a **FULL-TIME** student.
3. Must submit a Certification of degree of Indian Blood.
4. Submit transcript and copy of diploma from last school attended, or verification of **G.E.D.**
5. Verification for all Non-Bureau Aid for which you may be eligible has been completed. The Pell Grant is a part of that application. If you do not apply for this you are **NOT** eligible for this vocational training grant. Application for Federal Student Aid may be picked up at any high school counselor's office, vocational training school, or college / university.
6. Vocational training school you will be attending must submit a **FINANCIAL NEEDS ANALYSIS** to this office, showing your cost of schooling and what types of financial aid you will be receiving (i.e. Pell Grant, student loan, etc..)
7. Student must maintain the institution's required **G.P.A.** and a copy of grades must be provided to this office within 10 calendar days upon student receiving grades.

Upon completion of the above requirements, please submit to the Kickapoo Education Office for processing.

P.O. Box Kickapoo Education Program
Office (91: 1107 Goldfinch Rd.
Horton, Kansas 66439
1-877-864-2822 fax 785-486-3301

) - 0271
186-3301

SAKAI REPORT CARD

NAME: _____ GRADE: _____

DATE: _____

Comments: _____

Signature: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

Comments: _____

KICKAPOO TRIBE IN KANSAS

P.O. Kickapoo Education Program 0271
Office 1107 Goldfinch Rd. 63301
APPLICATION FORM Horton, Kansas 66439
1-877-864-2822 fax 785-486-3301 **MENT ASSISTANCE**

Social Security Number _____

Date _____

INFORMATION RECORD

Name _____ Date of Birth _____

(Last, First, Middle Initial)

Mailing Address _____ Telephone Number _____

Veteran: Yes No Marital Status: Single Divorced Married Separated Widow

Number of Dependents _____ Children in School _____

Applying For: Vocational Training Direct Employment Other _____

Request: Initial Repeat: 1 2 3 Agency: _____ Area: _____

Education: Highest Grade Completed: _____ Schools Attended and Date: _____

In case of emergency contact: Name _____

Address: _____ Telephone Number _____

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: _____

Training or employment location desired: _____

For Training:

Course Number and Title: _____

School and Address: _____

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

Date Entered School: _____

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

From: _____ To: _____ Employer Name and Address: _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employer Name and Address: _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Employer Name and Address: _____

Job Title: _____ Description of Duties: _____

Reason for Leaving: _____

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 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 Basic Educational Opportunity Grants (BEOG), 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)

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. 309).
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)

(Interviewer Signature)

(Date)

FINANCIAL AID PACKAGE FORM

TO BE COMPLETED BY THE STUDENT: PART I

Home Agency of Tribe _____

Name: _____ Social Security Number: _____

Home Address: _____
Street City State Zip Telephone

Years in College: _____ Major: _____ Minor: _____

Marital Status: _____ No. Of Dependents: _____

Please send the necessary application for college administered financial aid. I give permission for the University to release financial and academic information to the Kickapoo Tribe. The Kickapoo Tribal Office will need financial aid information listed in Part II before any action will be taken on my application. When all the necessary information is on file in your office please complete and forward Part II or a similar form to:

Kickapoo Education Program
1107 Goldfinch Road
Horton, Kansas 66439
1-877-864-2822 fax 785-486-3301 6-3301

Student's Signature _____ Date _____

All students are required to apply for other sources of funding available through the Financial Aid Office

TO BE COMPLETED BY THE FINANCIAL AID OFFICER: PART II

This student has applied to the Tribal BIA Higher Education Office. Verified financial information is requested through your office before action is taken on this application. We appreciate your assistance and would you complete and forward this form, or a like form, to the above address. Thank you for your assistance.

- Default Loans
- Student has not yet applied for financial aid. Need cannot be determined.
- Student applied late. Will not be considered for funding.
- Student's application is incomplete and cannot be considered.
- Funds exhausted at institution.
- Other _____

Tribal Application
<u>Deadlines</u>
April 1 - Summer
July 1 - Fall
Nov. 1 - Spring

This student is considered: Independent _____ Dependent _____

BUDGET PERIOD - From _____ to _____ Which will start on (date) _____

COLLEGE/UNIVERSITY BUDGET

Tuition _____
 Fees _____
 Room/Board _____
 Books _____
 Travel _____
 Misc. _____
 Other (Specify) _____

STUDENT RESOURCES AND INSTITUTION AWARDS

Parental Contribution _____ S.E.O.G _____
 Student/Spouse Contribution _____ Pell Grant _____
 AFDC/Welfare _____ Perkins Loan _____
 VA Benefits _____ Stafford Loan _____
 Social Sec. _____ C.W.S. _____
 State Grants _____ Voc. Rehab _____
 State Indian Scholarship _____ Scholarship _____
 Scholarship _____ Other _____

TOTAL COSTS _____

TOTAL RESOURCES _____

We recommend that Tribal/BIA consider awarding this student \$ _____

SIGNATURE: _____
Financial Aid Officer Date Telephone

Name of College Address Zip

Our School is on: Semester System _____ Quarter System _____ Tri-Semester System _____

INSTRUCTIONS FOR BIA HIGHER EDUCATION APPLICATIONS

It is very IMPORTANT that the following steps be followed in completing this application. Provide ALL of the information to the best of your knowledge, and have it properly signed.

Failure to complete the application may cause a delay in processing or no funding.

After the application has been properly completed and signed, YOU MUST complete Part 1 of the REVERSE SIDE of this instruction sheet and attach it to the college copy and mail it to the Financial Aid Office at the college of your choice.

All financial aid information and correspondence should be directed to the Program office identified below:

(AGENCY OR TRIBE FILL APPROPRIATE MAILING ADDRESS BELOW)

Kickapoo Tribe in Kansas

Educ Kickapoo Education Program **IR**
1107 Goldfinch Road
Horton, Kansas 66439
1-877-864-2822-Phone
Fax- 1-785-486-3301

All students must reapply for each academic year and for each summer session.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

GENERAL

This information is provided pursuant to Public Law 93 - 579 (Privacy Act of 1974) . December 31, 1974

AUTHORITY

The Bureau of Indian Affairs, Office of Indian Education Programs, Higher Education Grant Program operates an educational system under the general authority of 25 U.S.C. 13. 42 Stat. 208, Public Law 67-86 with specific authority contained in 25 CFR Part 40. Administration of Educational Loans, Grants and other Assistance for Higher Education.

PURPOSES AND USES

In accordance with the accountability required for the Administration of the funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request.

EFFECTS OF NONDISCLOSURE

Although furnishing personal information to this office is purely voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility in obtaining higher education grant assistance under this program.

KICKAPOO TRIBE IN KANSAS

Kickapoo Education Program
1107 Goldfinch Rd.
Horton, Kansas 66439
1-877-864-2822 fax 785-486-3301

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 _____

