

KICKAPOO TRIBE IN KANSAS EDUCATION PROGRAM

824 111th Drive
Horton, Kansas 66439
1-785-486-3427 Fax: 785-486-2801

ADULT EDUCATION PROGRAM APPLICATION

To be eligible for Adult Education assistance, applicants must live on the Kickapoo Reservation or must live within a 15-mile radius of the Kickapoo Reservation Boundaries.

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 CONFERENCES ETC: SHOWING WHEN IT WILL BE HELD, SUBJECT, DURATION, AND WHAT COSTS WILL BE INVOLVED:
4. _____ CERTIFICATE OF AGREEMENT.

When all documents 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.

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NAME _____ SOCIAL SECURITY # _____ - _____ - _____

ADDRESS _____ CITY, STATE, ZIP _____

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 assistant for funding.

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

Signature of Applicant

Date Signed

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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 Application Status:***

Adult Education _____

Tribal Supplement _____

Vocational Education _____

Master's Program _____

Higher Education _____

Program Director _____ *Date* _____