

Absentee Shawnee Tribe of Oklahoma

Education Department

2025 South Gordon Cooper Drive

Shawnee, Oklahoma 74801

(405) 275-4030 Toll free (800) 256-3341 Fax (405) 273-1192

Job Training/Adult Education Program

NAME: _____ MAIDEN: _____
(LAST) (FIRST) (MI)

SOCIAL SECURITY #: _____ - _____ - _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: (____) _____ WORK PHONE: (____) _____

*******EDUCATIONAL HISTORY*******

Do you have a: High School Diploma? Year rec'd _____ GED? Year rec'd _____
Have you received funding from any Absentee Shawnee education program previously? Yes No
Name of any college you have attended: _____
No. hours completed _____ Degree earned: _____
Name of any Vo-Tech School you have attended: _____
Certificate(s) Earned: _____

**ATTACH A COPY OF TRIBAL ENROLLMENT CARD OR
NO FUNDING WILL BE RECEIVED.**

*******SCHOOL/INSTITUTION INFORMATION*******

(This section is to be completed by school personnel.)

The student listed above has applied for financial assistance from the Absentee Shawnee Tribe. We would appreciate your assistance in completing and forwarding to us the verified information requested below:

Name of your school _____

Accredited by: _____

Address _____ Telephone _____

Name of Course _____

Class from _____ to _____ full-time/part-time/short term _____
(Date to begin) (Date to end)

Tuition \$ _____ per course or \$ _____ per semester or \$ _____ per program

Fees \$ _____ Explain: _____

Books \$ _____ Explain: _____

Tools \$ _____ Explain: _____

Other \$ _____ Explain: _____

*all costs listed must be required for completion of course

Signature _____ Title _____ Date _____

**Absentee Shawnee Tribe of Oklahoma
Education Department
Job Training/Adult Education Program**

I, _____, authorize _____
(Print name and Social Security number) (Institution)

to release my grades, attendance reports, financial aid information, official transcripts, and other necessary information to complete my financial package, for the duration of my Job Training Adult Education Program participation to:

The Absentee Shawnee Tribe of Oklahoma
Director of Education and/or Director of Family Services
2025 S. Gordon Cooper Drive
Shawnee, OK 74801

*in absence of Director of Education, Director of Family Services may need to receive information.

The disclosure of records authorized herein is required to obtain continued educational funding from the Absentee Shawnee Tribe Education Department.

My signature indicates I have been informed of the person who will receive the information to be disclosed, and the purpose of the disclosure, as stated above.

- I understand that I must provide a copy of my grades to the AST Education Department upon the completion of funded courses or programs, and must follow other guidelines for the Job Training Adult Education Program.
- I understand that failure to disclose all relevant information will be grounds for denial or termination of my application and funding opportunities.
- I hereby certify that the application information is true and correct to the best of my knowledge.

A photocopy of this form has the same validity as the original.

Signature

Date

If you have any questions, Please call the Absentee Shawnee Tribe, Director of Education.