

IOWA TRIBE OF OKLAHOMA ADULT VOCATIONAL TRAINING PROGRAM

The purpose of the BIA adult vocational program is to assist Native Americans who reside in the Iowa Tribe jurisdiction. **Applicant must be 18 years of age, except if a high school student is 17 at graduation**. Applicants must need training to obtain reasonable employment, must demonstrate need for financial assistance, and must be willing to accept full time work when the training is completed. Applicants may also need to increase their employability, require retraining to retain their jobs, or who need to upgrade their skills to qualify for higher pay and more dependable employment. This program serves students in certification programs requiring at least 800 clock hours to complete. Funding is limited to vocational certification programs only. **Iowa tribal members may qualify for general funded AVT service in certification programs with less clock hours.**

These documents are required to process an application for vocational training:

- ✓ Complete Application
- ✓ Verification of residency
- ✓ Driver's license or state identification card
- ✓ Social security card
- ✓ Certificate of Degree of Indian Blood
- ✓ High school transcript or GED certificate
- \checkmark Proof of admission to an educational institution and area of study.
- ✓ Course schedule or description
- ✓ Tuition and fees statement from Vo-tech
- ✓ Must apply for FAFSA (if applicable).
- ✓ Submit completion certification of class/course/training.
- ✓ Written Narrative on the need for the class/course/training and the purpose on how it will be applied once obtained.

Any third party vendor will be paid directly.

Contact: Iowa Tribe of Oklahoma Higher Education Department 335588 E.750 RD, Perkins 74059, Oklahoma, Phone #: 405-547-2402 Ext. 3301



IOWA TRIBE OF OKLAHOMA ADULT VOCATIONAL TRAINING PROGRAM

COMPLETE NAME & PHONE NUMBER:	NUMBER: MAILING ADDRESS:		DATE	
APPLYING FOR:	Email Address:	BIRTHDATE:	Program 800 hrs.:	
ADULT VOCATIONAL TRAINING			Yes or No	
INCOME: Do you have any income? If yes, please explain:	School:	EDUCATION: School: Grade completed:		
	IN CASE OF EMERGE	IN CASE OF EMERGENCY:		
Tribal Membership:	Name:			
	Address:	Address:		
Iowa Tribal Member? YES or NO	Relationship:			
	Phone Number:	Phone Number:		
(Please circle one)				
EMPLOYMENT RECORD: (List Your Last 3 most recent Em		TRAINING: list type of training interest:		
From: To: Job Title: Reason for Leaving: Employer's Name and Address: Your Duties:	Have you had If yes, please	previous training: Yes or N	0	
From:To:Job Title: Reason for Leaving:				
Employer's Name and Address:	Training Desired: School and Address:			
Your Duties: From:To:Job Title:	Contact Name number:	and		
Reason for Leaving: Employer's Name and Address:	Course Numbe Title:			
Your Duties:				
	OFFICE USE ONLY			
APPROVED FOR BIA SERVICES?	AMOUNT PROVII	DED:		

APPROVED FOR GF SERVICES? YES or NO

YES or NO

AMOUNT PROVIDED:

AMOUNT PROVIDED: \$_