Wichita and Affiliated Tribes
Education Services Department
P.O. Box 729 – Anadarko, OK 73005
Telephone (405) 247-8612 – Fax (405) 247-2430
www.wichitatribe.com

Adult Education Program

You must complete the application as thorough as possible and submit all required documents as listed below before your application will be considered for funding. Failure to provide required documentation will cause your file to become inactive. **It is your responsibility to make sure ALL documentation for your application is complete.**

ADULT EDUCATION CHECKLIST

Please read over the checklist provided to see if you meet the qualifications for assistance.

- I have thoroughly completed the application (Page: 1).
- I have a proof of address. (Mail, Bill, Lease, Mortgage, etc.) **Please bring in documentation.**
- I have my HS Diploma **or** GED/TABE Certificate **or** College Transcript(s) from last school attended. **Please provide copy.**
- I am at least 18 years old, have a *1) current photo ID, 2) social security card and 3) birth certificate*. **Please provide copies of each.**
- I am an enrolled member of the Wichita and Affiliated Tribes and have Verification of Wichita Tribal Enrollment (Identification card or letter). P**lease provide copy**.
- Letter of Intent: A paragraph written by you, signed and dated, typed or handwritten, explaining your current circumstances, why you need funding and what it will be used for. You may also use the letter template provided (Page: 2).
- I am enrolled in an accredited Vocational Training/Technology Center and have can provide verification of school enrollment (acceptance letter from school). **Please provide copy.**

****The Education Department will process application within 5 days from receipt of completed application**

Questions? please contact the Education Department at:
Phone: (405) 247-8612 or email: educationservices@wichitatribe.com

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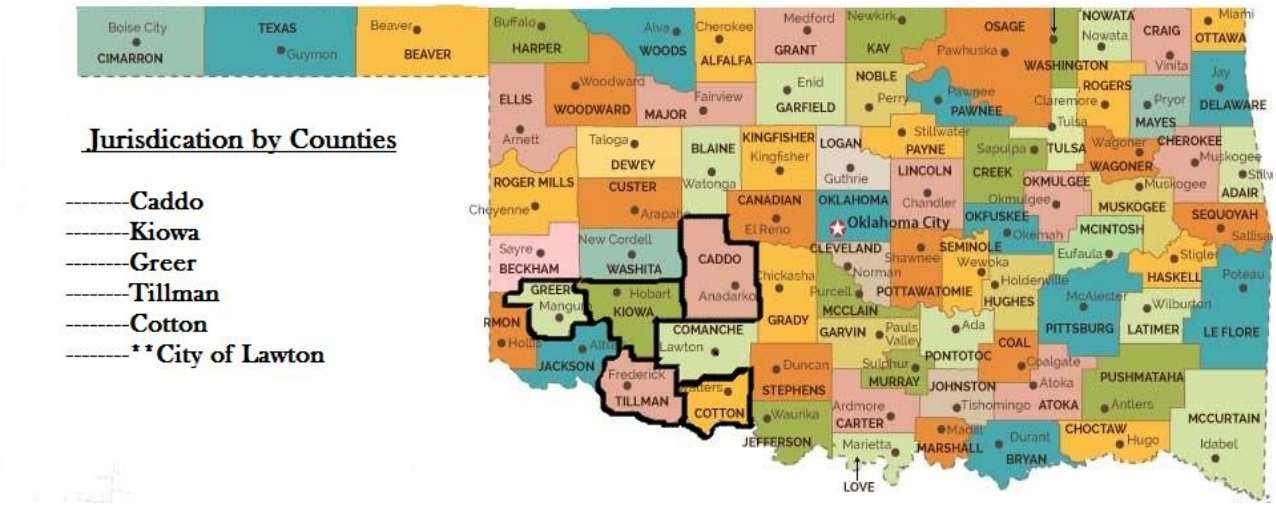
Adult Education Jurisdiction Map

****If you do not live in the jurisdictional area, please contact the office to inquire about other programs that can assist you in your area.**



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Adult Education Program Application

CLIENT INFORMATION

First Name: _____ Middle Initial: ____ Last Name: _____
Date of Birth: ____/____/____ Contact# :(____) ____-_____ Email: _____
Marital Status: ___Single ___Married ___Divorced ___Separated SSN: ____-___-_____ Gender: _____
Number of Dependents: _____ Is Child Care Needed? Y N Is Transportation Needed? Y N
Mailing Address: _____ Town: _____ State: ____ Zip Code: _____

*Veteran *(Check one):* Y N Do you have a disability of 10% or more? (*Check one*): Y N
**If you are a Veteran, please provide copy of DD214/Military Verification and VA Benefit Summary Letter*

EDUCATION INFORMATION

Highest Grade Completed (*Check one*): HS Vocational Training AA/AS BA/BS MA/MS PHD/MD/JD
Name of High School: _____ Year Graduated: _____ Degree Received: _____
Name of College/University: _____ Year Graduated: _____ Degree Received: _____
Name of College/University: _____ Year Graduated: _____ Degree Received: _____

Type of Training you are interested in? *(Check One)*
___ Test Preparation (GED/ABE) ___ Basic Education Courses ___Employment Enrichment ___Self-Improvement
Name of Training Facility or Employer: _____
Course Title: _____ Length of Course: _____
Begin Date of Course or Training: _____ Total Cost: $_____

EMPLOYMENT

Check One:
_____*Employed*: Job Title: _____ Employer Name: _____
Current Wages: _____ Period of Employment: _____to _____

_____*Unemployed*: Who was your last employer? _____

I certify the above is correct & any documentation needed to complete my application will be submitted to the education office.

_____ _____ _____
Client Name **Client Signature** **Date**

_____ _____
Director Signature **Date**

Date Received by Education Services Department: _____ *Verified By:* _____

___ First Time Applicant ___ Repeat Applicant Month/Year Services were received: ____/_____

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LETTER OF INTENT

A paragraph written by the student, signed and dated, typed or handwritten, **what your plan of study is**, **why you need funding** and **what it will be used for**.

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Client Printed Name **Client Signature** **Date**