WICHITA AND AFFILIATED TRIBES
EDUCATION SERVICES DEPARTMENT
JOB PLACEMENT AND TRAINING PROGRAM
ADULT VOCATIONAL TRAINING
P.O. Box 729, Anadarko, OK 73005
Phone: (405) 247-8612 - Fax: (405) 247-2430
www.wichitatribe.com

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.**

AVT Checklist

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

- I have thoroughly completed the application (Pages: 1-8).
- 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.**
- Copy of Marriage License/Divorce Decree/Name Change/Adoption paperwork if names on ID's are not the same. **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.**
- Selective Service Verification (males only). Go to https://www.sss.gov/verify/ to print this verification. If you do not have access to a printer, we can print from our office.
- 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**.
- 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 Services Department will process application within 5 days from receipt of completed application**

Explanation of forms are on the next page. If further explanation is needed, please contact the Education Department @Phone #: (405) 247-8612 or Email: educationservices@wichitatribe.com

Explanation of AVT application forms by page number:

1. **Application:** Indicate if this your first time applying for AVT, if it is not, please fill in the years you received assistance. Fill out the application as thorough as possible. ***Do not leave blank spaces***.
2. **Privacy Act and Paperwork Reduction Act Statement:** Important information about the disclosure of DEA information obtained and fraudulent misrepresentation of information. ***Please sign, date and return with application.***
3. **Personal References/Dependent Information**: We need three personal references, including their names and phone numbers. A list of dependents who are under the age of 18, including their name, date of birth, social security number, tribal affiliation and current school grade. If claiming dependent, please provide their birth certificates, adoption paperwork or documentation for guardianship.
4. **Consent for Release of Information: PART I** is intended for staff use. **PART II** will be filled out by you and notarized by a Notary Public. This form allows the JPT Program to obtain information from your employer.
5. **AVT Statement of Understanding:** Please read, sign and date. This form explains the rules and regulations for the AVT program. It is your responsibility to abide by these rules to stay in the program.
6. **Individual Self Sufficiency Plan (ISP):** Read carefully and answer questions as thorough as possible. This form is required to determine your plan to obtain independence and ensure you have all assistance available to overcome any obstacles you are facing. Must be filled out completely, signed and dated.
7. **Financial Needs Analysis Form (FNA): PART I** is completed by the student **and** turned in to the university/college Financial Aid Office whose staff will complete **PART II**. The student must return the original form to the Education Department. Grants will be awarded by the information provided on the FNA form. ***Please make sure the Financial Aid Officer indicates dates for funding period and number of hours enrolled.***
8. **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 can email this to: **educationservices@wichitatribe.com**. You may also use the letter template provided.

JOB PLACEMENT AND TRAINING JURISDICTION MAP

Job Placement and Training Program
Adult Vocational Training

CLIENT INFORMATION

First Name: _____ Middle Initial: ____ Last Name: _____
Date of Birth: ____/____/____ Contact# :(____) ____-_____ Email: _____
Marital Status: ___Single ___Married ___Divorced ___Separated Gender: _____
Number of Dependents: _____ How many children are in school? _____
Mailing Address: _____ Town: _____ State: ____ Zip Code: _____
Emergency Contact Name: _____ Contact#: (____) ____-_____

*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:_____
Do you have physical limitations that would interfere with your training or employment? *(Check one):* Y N
If yes, please explain condition:_____
Name of Training Facility or Employer:_____
For Training
Course Title:_____ Length of Course: _____
Do you have income from any source? (*Check one*): Y N If yes, please list your sources: _____
_____

EMPLOYMENT RECORD

List your three most important periods of employment:
1) Job Title:_____Employer Name:_____
Employer Address:_____ Period of Employment:_____to _____
Reason for leaving: _____
Job Duties:_____

2) Job Title:_____Employer Name:_____
Employer Address:_____ Period of Employment:_____to _____
Reason for leaving: _____
Job Duties:_____

3) Job Title:_____Employer Name:_____
Employer Address:_____ Period of Employment:_____to _____
Reason for leaving: _____
Job Duties:_____

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

Wichita and Affiliated Tribes
Education Services Department
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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 applicants is voluntary, but required to obtain benefit.
3. The purpose of collecting this information is to determine your eligibility for services.
4. The routine use of this information is by the Wichita and Affiliated Tribes Education Services Department's Job Placement & Training Program to evaluate your request for assistance. Parts or all of the information in your application will be provided to employers who are considering you for employment.
5. Failure to provide the requested information may result in a delay or denial in receiving program assistance.

I have read the above statement. I hereby provide the requested information and authorize the use of such information to the extent of the uses specified in the statement. I also agree that all the information is true to the best of my knowledge and any misrepresentation of information given in this application could be construed as fraudulent and may affect my assistance.

_____

Applicant Signature **Date**

_____

Program Staff Signature **Date**

TO BE INITIALED BY STUDENT FOR TRAINING ONLY:

I hereby apply to the school indicated on this application and agree to follow all the rules, regulations and attendance requirements of the school. I will, to the best of my ability, satisfactorily complete the course that I have selected. I further agree that the funds issued to me for training purposes by the Wichita and Affiliated Tribes Job Placement & Training Program (JPT) will be used for training or other approved support services. I understand I will be responsible for the repayment of any misused funds to the JPT Program. If I am eligible for other training funds, such as Basic Education Opportunity Grants (BEOG), etc., they 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 grades, attendance, and income information to the Wichita and Affiliated Tribes JPT Program staff. _____(**Student's Initial**)

FOR PROGRAM USE:

I certify that _____ ___Has ___ Has Not (*Check one*) met the requirements for Direct Employment Assistance and therefore ___ Is ___Is Not (*Check one*) eligible to receive benefits.

Recommended By: _____
JPT Program Staff Title Date

Approved By: _____
Education Director/Administrator Date

PERSONAL REFERENCES

1. Name:_____

   Phone: _____

2. Name:_____

   Phone: _____

3. Name:_____

   Phone: _____

DEPENDENTS ACCOMPANYING APPLICANT
(Dependents Must Be 18 Years or Younger)

Name	Date of Birth	SSN	Grade	Tribal Affiliation

Wichita and Affiliated Tribes
Education Services Department
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CONSENT FOR RELEASE OF INFORMATION

Part 1 for DEA Program use:

DATE: _____

TO: _____

ADDRESS: _____

REASON FOR REQUEST: _____

_____

Part 2 to be completed by client and Notary Public:

I hereby give my permission to release information to:

WICHITA AND AFFILIATED TRIBES
EDUCATION SERVICES DEPARTMENT
JOB PLACEMENT & TRAINING PROGRAM
P.O. BOX 729
ANADARKO, OK 73005

_____ _____
APPLICANT'S FULL NAME (Please Print) DATE OF BIRTH

_____
APPLICANT'S SIGNATURE OR SIGNATURE OF
PARENT/LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE

ATTENTION: According to Family Education Rights and Privacy Act of 1974 (P.L. 93-380), the parent, guardian of 18 years old, has the right to make a written request to view any records released.

Subscribed and sworn before me on this_____day_____20_____

My Commission Expires_____ _____
Notary Public

Wichita and Affiliated Tribes
Education Services Department
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STATEMENT OF UNDERSTANDING

I_____ (Print Name), do hereby affirm that I will abide by rules and regulations of the Job Placement & Training (JPT) Program as follows:

1. I understand that it is up to me to be in class every day, and abide by the rules and regulations set forth to include: attendance **(must not be absent more than four (4) days a month)**; personal behavior; grades (at least a 2.6 grade average); and living arrangements. I further understand that I shall attend training as I would a job. If I am absent and the JPT Program staff determines that the absence is not justified, subsistence will be deducted for that day.
2. I understand that I am on a program that allows up to 24 months to complete. However, this does not necessarily mean I have 24 months to complete training. **EXAMPLE:** If any course of training is 12 months in duration, I will be allowed 12 months to complete. If my training is interrupted by circumstances beyond my control, **"INTERRUPTED STATUS"** arrangements can be made with the JPT Program, and the training time can be adjusted accordingly. Otherwise, I will be expected to complete training in the **original time allotted for completion of the course.** Length of training will not be extended to make up time for unjustified absences.
3. It is also my responsibility to budget the monies given to me for school expenses. The amount will be limited to the number of persons involved in my case. The monies given to me cannot be used to pay for personal bills such as car payments or any other items that will be over and above my living expenses.
4. I understand that I must inform the JPT Program staff if a change in housing arrangements is necessary; if I intend to leave the training location (for which I must get permission in order to prevent any misunderstanding later on and to not be counted **AWOL (Absent Without Leave))**; and if I must discontinue training.
5. I understand that if I am **DROPPED** from the JPT Program for any reason such as poor grades, misbehavior, excessive un-excused absences, tardies, or any unfavorable attitudes that will prevent successful completion of my chosen course, I will not be offered a second chance at JPT Program services. The only purpose for which I may be excused from classes is when circumstances are temporarily beyond my control.
6. In accepting my application for the JPT Program and meeting all eligibility requirements, the Wichita and Affiliated Tribes JPT Program agrees to furnish financial assistance toward school expenses. The amount will be determined by the JPT office in accordance with actual needs that arise once I go into training and will be limited to maximum allowances under the regulations, during my training period. Financial assistance will be granted as long as I observe the rules mentioned above and maintain my grades at an acceptable level, until I complete my course of study or until I am dropped from training.

_____ _____
Student Signature **Date**

_____ _____
JPT Staff Signature **Date**

Education Services Department
Job Placement & Training Program
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INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)

Applicant Name: _____

Have you received previous Job Placement and Training Services? ____Yes ____No

If so, what type of services and for how long? _____
_____
_____

Applicant Case Plan

1) **What do you need to obtain job skills?** (Check all that apply)
___ Education
___ Vocational Training
___ On the Job Training
___ Certification
___ Other (Please Specify) _____

2) **What support services do you need to find and/or keep your current job?** (Check all that apply)

___ Employment Search
___ Vocational Rehabilitation
___ Mental Health Treatment
___ Public Assistance (Food Stamps, TANF, LIHEAP, etc.)
(Specify Type) _____
___ Other (Please specify) _____
___ Interview Techniques
___ Resume Preparation
___ Individual/Family Counseling

3) **What obstacles exist that prevent you from seeking training or keeping permanent employment?** (Check all that apply)

___ Medical Treatment
___ Substance Abuse Counseling/Treatment
___ Transportation
___ Criminal Background
___ Financial Need
___ Other (Please Specify) _____
___ Overcrowded Residence
___ Domestic Violence
___ Child Care
___ Fines
___ No H.S. Diploma/GED

4) **Job Readiness**
Please list all of your work experience to include the year:
Job: _____ Year: _____
Job: _____ Year: _____
Job: _____ Year: _____
Job: _____ Year: _____

5) **Job Training**

Please list any training you have received to include the year (i.e. CPR, Forklift, Suicide Prevention, etc.)

Training: _____ Year: _____
Training: _____ Year: _____
Training: _____ Year: _____
Training: _____ Year: _____

6) **Applicant:** Create a plan of action that you will carry out to maintain permanent employment:

Example: I will identify my barriers to employment and seek to find resources that will assist me in eliminating those barriers. I will demonstrate increasing responsibility and take the initiative to get things done. I will make more positive choices and address problem behaviors. The first plan of action I will commit to is setting up an appointment with childcare to obtain childcare services for my child.

_____

_____

_____

_____

_____

_____

7) **JPT Staff:** Describe the applicant's circumstances that resulted in needing services from the JPT program. Include a description of the services provided and offered to assist applicant in developing and maintaining self-sufficiency.

_____

_____

_____

_____

_____

_____

_____ _____
Applicant Signature **Date**

_____ _____
Job Placement & Training Staff Signature **Date**

Wichita and Affiliated Tribes
Education Services Department
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FINANCIAL NEEDS ANALYSIS FORM

PART I – STUDENT INFORMATION *(Must be completed by student)*

NAME: _____ SSN: _____

ADDRESS: _____ CITY:_____ STATE:_____ ZIP CODE:_____

CONTACT NUMBER: _____ EMAIL: _____

I give permission for the Technology/Vocational School to release financial and academic information to the Wichita and Affiliated Tribes Education Department. The Education Services Department needs the financial aid information listed in Part II before any action will be taken on my application. Please complete part II and forward to:

Wichita and Affiliated Tribes
Attn: Education Services Department
P.O. Box 729
Anadarko, OK 73005
educationservices@wichitatribe.com

_____ _____
Student Signature Date

Dear FAO: The above student has applied to the Wichita and Affiliated Tribes Education Services Department for the Higher Education Scholarship Program. Verified financial aid information is requested to verify student's unmet need before any action will be taken. Please complete the form and forward to the address above. **ACADEMIC YEAR 20__-20__**

Part II: MUST BE COMPLETED BY THE FINANCIAL AID OFFICE

_____ Student has not applied for financial aid. Need cannot be determined.
_____ Student's application is incomplete and cannot be considered.
_____ Course is not eligible for financial aid.
_____ Funds exhausted at institution.

Student Status:
_____ Independent
_____ Dependent

BUDGET PERIOD: From: _____ To: _____ Start Date: _____ Hrs. Enrolled _____

TECHNOLOGY CENTER TUITION AND FEES		**STUDENT RESOURCES**		**INSTITUTIONAL AWARDS**	
Tuition	$_____	Parent Contribution	$_____	SEOG	$_____
Fees	$_____	Student/Spouse Contribution	$_____	Perkins Loan	$_____
Books	$_____	TANF/Welfare	$_____	Stafford Loan	$_____
Travel	$_____	VA Benefits	$_____	Pell Grant	$_____
Miscellaneous	$_____	Social Security	$_____	Voc. Rehab.	$_____
		State Grants	$_____	Scholarship(s)	$_____
		Other	$_____		

TOTAL COST$_____ **TOTAL RESOURCES & AWARDS $_____**

(Total Expenses) – (Total Resources + Total Awards) = STUDENTS UNMET NEED $_____

IMPORTANT: AWARD CHECK WILL BE SENT TO ADDRESS BELOW

_____ _____ _____ _____
FAO NAME (Printed) FAO SIGNATURE PHONE NUMBER DATE

_____ _____ _____
SCHOOL NAME MAILING ADDRESS CITY/STATE/ZIP

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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**.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Printed Name: _____ Date: _____

Signature: _____