

# Adult Education Short-Term Training

(Short-Term classes are classified as 600 hours or less)

Qualified Short-Term Training applicants will be awarded tuition, supplies and book(s) assistance only.

You must complete your training to be eligible for further funding. Upon completion of your training course, we require a copy of your certificate or grades. If we do not receive a copy showing the completion of the coursework, your application will be counted as incomplete.



**Comanche Nation Higher Education**

P.O. Box 908 Lawton, OK. 73502

**Office:** 580.492.3370      **Toll Free:** 1.877.703.2288

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**ADULT EDUCATION PROGRAM  
Short-term Application**

**ELIGIBILITY REQUIREMENTS:**

1. Applicant must be an enrolled Comanche Tribal Member.
2. Must reside in the five-county service area (Comanche, Cotton, Tillman, Caddo, and Stephens counties).
3. Applicant must be unemployed or under-employed and show proof that current income is not sufficient enough to meet training goals.
4. Applicant must verify that short-term training will enhance existing employment skills, or be a marketable skill for an employment opportunity.
5. Must **complete** application by providing the following documents:
  - ✓ **Comanche Tribal Enrollment Card**
  - ✓ **Address Verification**
  - ✓ **High School/GED Diploma or Transcript**
  - ✓ **Official Documentation of class tuition and book cost (if any)**
  - ✓ **Complete the Letter of Intent (included in application)**
  - ✓ **Complete Forms 1A-ISP and 2A-IDP (included in application)**
6. Repeat training services will be determined on an individual basis, considering need, completion, ability, prior performance and present motivation of the applicant.

**GERERAL INFORMATION:**

**CDIB #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
**City**                      **State**                      **Zip**

**Telephone** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ @ \_\_\_\_\_

**ENROLLMENT INFORMATION:**

Name of Technical School: \_\_\_\_\_

City/State of Technical School: \_\_\_\_\_

Course Name: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Cost of Tuition: \$ \_\_\_\_\_ Cost of Books \$ \_\_\_\_\_

**EMPLOYMENT/CAREER INFORMATION**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Check one)

I am employed Full Time \_\_\_\_\_ I am employed Part Time \_\_\_\_\_ I am a student \_\_\_\_\_

Place of Employment \_\_\_\_\_ Monthly Income\$ \_\_\_\_\_

**EDUCATION**

High School Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Complete: \_\_\_\_\_ School Attended: \_\_\_\_\_

GED Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Completed: \_\_\_\_\_

College Degree? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Complete: \_\_\_\_\_ School Attended: \_\_\_\_\_

Have you attended a technology school before? \_\_\_\_\_

List all training taken: \_\_\_\_\_

List skills you possess: (welding, computer, health, auto, etc.) \_\_\_\_\_

What do you hope to gain from the training you are taking? \_\_\_\_\_

**SELECTIVE SERVICE/MILITARY SERVICE:**

Selective Service Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Military Serial Number: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Do you have a service connected disability of 10% or more? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe military duties that were assigned: \_\_\_\_\_

**PLEASE CAREFULLY READ, SIGN AND DATE THE FOLLOWING.**

***THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ALL GRANT AWARDS I RECEIVE ARE SUBJECT TO NULLIFICATION IF I WITHDRAW FROM CLASSES OR FAIL TO COMPLETE THE REQUIRED COURSEWORK.***

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**PRIVACY STATEMENT: *The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g: 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to recipients that receive Federal funding for educational purposes. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. In accordance with this, CNHE WILL ONLY discuss student information with the student applying for assistance only.***

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**COMANCHE NATION  
SHORT-TERM LETTER OF INTENT**

**1. Why are you seeking assistance at this time?**

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**2. What type of assistance will you require?**

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**3. Do you have any background experience for the vocational program you are seeking?**

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**4. What is/are your goal(s) after you complete your vocational training?**

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**Additional Comments:**

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## Comanche Nation Adult Education Program Individual Self-Sufficiency Plan (ISP)

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Please check one of the following:

\_\_\_ Adult Vocational Training-Long Term    \_\_\_ Direct Employment    \_\_\_ Short-Term Training

Have you received previous assistance through Adult Education?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

IF yes, what type of assistance? \_\_\_\_\_

### Applicant Case Plan

1. What does applicant need to do to obtain job skills and/or retain a job leading to self-sufficiency?
  - A. Employment Search
  - B. Public Assistance (specify) \_\_\_\_\_
  - C. Medical Treatment
  - D. Education/Training (specify) \_\_\_\_\_
  - E. Vocational Rehabilitation
  - F. Other (specify) \_\_\_\_\_
  
2. What obstacles exist that prevent applicant from seeking training or permanent employment?
  - A. Overcrowded Residence
  - B. Substance Abuse
  - C. Transportation Problems
  - D. Child Care Problems
  - E. Financial need (specify) \_\_\_\_\_
  - F. Other (specify) \_\_\_\_\_

### Self- Assessment

1. **Job Readiness:** (List all work experience and job training obtained)  
\_\_\_\_\_  
\_\_\_\_\_
  
2. **Education** (List all skills, training, workshops, or applicable classes obtained)  
\_\_\_\_\_  
\_\_\_\_\_
  
3. **List support services needed and reasons:** (i.e. Childcare-daycare, Social Services-utility)  
\_\_\_\_\_  
\_\_\_\_\_

**By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93w638, 88 Stat. 2203).**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Education Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

## Comanche Nation Adult Education Short Term Program Individual Development Plan (IDP)

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Please check one of the following:**

Adult Vocational Training-Long Term   
  Direct Employment   
  Short-Term Training

1. Targeted Career/Training Goals: \_\_\_\_\_  
\_\_\_\_\_
2. Reasons for Preparing IDP: \_\_\_\_\_  
\_\_\_\_\_
3. Strategies for success: \_\_\_\_\_  
\_\_\_\_\_
4. Remarks/Other: \_\_\_\_\_  
\_\_\_\_\_

Service Needed	Program Activity	Training Source	Estimated Cost	Date Started	Date Completed	Remarks

**By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assistance Act (Public Law 93-638, 88 Stat 2203).**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult Education Specialist: \_\_\_\_\_ Date: \_\_\_\_\_