

Adult Education Short Term Training

(Adult-Term classes are classified as 600 hour or less)

Qualified Short-Term Training applicants will be awarded tuition, supplies and books 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 certificates of your grades. If we do not receive a copy showing the completion of the coursework, your application will be counted as incomplete.



Comanche Nation Office of Higher Education

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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.

GENERAL 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?

2. What type of assistance will you require?

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

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

Additional Comments:

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: _____