



Comanche Nation Prevention & Recovery Indigenous P.O.W.E.R. Program Application for Tutoring Services

STUDENT INFORMATION:

NAME: _____ DATE: _____ DOB: _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____

ADDRESS: _____

PARENT PHONE #: _____ STUDENT PHONE #: _____

TRIBAL AFFILIATION: _____ ROLL #: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ PHONE #: _____

SCHOOL INFORMATION:

SCHOOL: _____ GRADE: _____

TARGET SUBJECT FOR TUTORING (LIST ALL THAT APPLY): _____

DAYS THAT WORK BEST (CIRCLE ALL THAT APPLY): MON TUES WEDS THURS FRI SAT SUN

TIMES THAT WORK BEST: MORNING AFTERNOON EVENING

WILL YOU NEED TRANSPORTATION? YES NO PREFERENCE: ZOOM IN-PERSON BOTH

MATERIALS NEEDED (BE SPECIFIC): _____

LIST BRIEFLY THE STRUGGLES BEING EXPERIENCED:

"All services and funding are subject to the availability of funds and final approval of the departmental Director."

Comanche Nation Indigenous P.O.W.E.R. Program * Phone: 580-492-3614 * Fax: 580-492-5029

Email: Shailah.ramos@comanchenation.com