



**Sac and Fox Nation Education Department**  
**Johnson O'Malley • Higher Education • Adult Vocational Training**

920883 S. Highway 99 - Stroud, Oklahoma 74079

Phone 918-968-3526 Fax 918-968-0542

jean.lynam@sacandfoxnation-nsn.gov • liz.mastel@sacandfoxnation-nsn.gov

Adult Vocational Training (AVT) Application New ( ) Renewal ( )

APPLICATION REQUEST Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_

*All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Email: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College \_\_\_\_\_ Course of Study: \_\_\_\_\_

**Training Dates**

From: \_\_\_\_\_ To: \_\_\_\_\_ (Attach school documentation of course description and duration)

Enrollment Status (circle one):          Full-Time          Part-Time

Have you ever received Tribal education assistance before?    Yes          No

If yes, give dates and schools attended: \_\_\_\_\_

Name and address of School: \_\_\_\_\_

**Applicant, please read carefully and sign below:**

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to submit a copy of my grades and class schedules to the Sac and Fox Nation Education Department. I have received a copy of the Adult Vocational Training Guidelines and questions pertaining to the program have been answered to my satisfaction. I understand that I must comply with all requirements of the program in order to receive continued funding by the Sac and Fox Nation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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I, \_\_\_\_\_ hereby authorize the Office of Admissions and/or Registrar of  
\_\_\_\_\_ (School Name) to release the information indicated below to the  
office of Higher Education of the Sac and Fox Nation for the term or terms indicated:

Fall / Spring Semester 20\_\_\_\_ - 20 \_\_\_\_

- \_\_\_\_ Complete College Transcript
- \_\_\_\_ Hours enrolled/class schedule
- \_\_\_\_ Mid-term Grades
- \_\_\_\_ Mid-term Withdrawals
- \_\_\_\_ Final Grades
- \_\_\_\_ End of term absences
- \_\_\_\_ End of term Withdrawals
- \_\_\_\_ Other (Specific information released):
- \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Social Security Number



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**FINANCIAL NEEDS ANALYSIS FORM**

Student Information (Please Print):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_  
 Marital Status: -----Spouses Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Number of Children & Ages: \_\_\_\_\_  
 Name of Indian Parent(s) - Include Tribal Affiliation: \_\_\_\_\_

*FINANCIAL STATUS INFORMATION TO BE COMPLETED BY FINANCIAL AID OFFICER*

Academic Year:

Approved Student Budget		
Length of training Time: Yrs. _____	Months: _____	Semesters: _____
FINANCIAL SCHOOL EXPENSES	STUDENT RESOURCES	AWARDS
Tuition \$	Family Contribution \$	Pell \$
Fees \$	Student Contribution \$	SEOG \$
Books \$	Veteran's Benefits \$	W.S. \$
Supplies \$	Social Security \$	NDSL \$
Room/Board \$	Vocational Rehab. \$	GSL
Dep. Allowance \$	A.F.D.C. \$	Tuition Waiver \$
Miscellaneous \$	Fellowships \$	State Tuition \$
Other \$	HIS Grants \$	Other S
Itemized Misc. & Other Expenses	State Ind. Grants	
	Other {list}\$	
Total Exp.	Total Resources	Total Award \$

Total Expense (-) Total Resource = Total Financial Need \$ \_\_\_\_\_

Total Financial Need (-) Total Award = Total UNMET Need \$ \_\_\_\_\_

I certify that this student aid package is consistent in type and amount with packages prepared for students in similar circumstances who are not eligible for BIA educational grants.

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Name of Financial Aid Officer –Please Print

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City/State/Zip

Please send completed form to:

*Sac and Fox Nation Adult Education Program, 920883 S. Highway 99. Stroud, Oklahoma 74079*