



ADULT VOCATIONAL TRAINING Guidelines and Application

DEADLINE FOR GRANT APPLICATIONS:

Fall Semester - June 30

Spring Semester - November 30

APPLICATION ELIGIBILITY CRITERIA

Basic eligibility for the Adult Vocational Training Program is that you must be an enrolled member of a federally recognized tribe who resides within the Sac and Fox Nation jurisdictional boundaries.

You must be 18 years old, except where the applicant has a High School Diploma or the applicant is married and has a GED certificate.

Only undergraduate students pursuing their Associate's Degree or technical certificate may apply.

You must first apply for other resources through the institutes Financial Aid Office. This should be done soon after the first of January preceding the fall semester in which you plan to enroll. All awards are based on the availability of Sac and Fox Nation Education funds.

The following documents must be submitted for the Adult Vocational Training Program. It is the applicant's responsibility to see that the application and supporting documents are complete and returned to the Sac and Fox Nation Adult Education Office.

1. Your completed grant application – Please make sure that all blanks are filled with all necessary signatures.
2. A copy of your Certificate of Degree of Indian Blood (CDIB) card or letter verifying tribal enrollment.
3. Proof of residency (utility bill, rent receipt, lease agreement)
4. Personal letter stating goals/objectives during school and after graduation.
5. High School Transcript or GED Certificate
6. Letter of Acceptance
7. Completed Financial Need Analysis Form – Top portion is filled out by the student and the bottom portion must be completed by the institutes Financial Aid Office. Make sure you have completed the Free Application for Federal Student Aid (FAFSA) to determine Pell grant and other grant eligibility whether you think you qualify or not. Without these results, your FNA form cannot be completed by the institute financial aid office and SFN Higher Education office cannot determine funding.

AVT PROGRAM ELIGIBILITY CRITERIA

1. Students must submit monthly progress reports and attendance records from the Vo-Teeh school they are attending. (NOTE: Must have maintained a 2.0 GPA on 4.0 scale and must have attended 80% of classes). If a student fails to maintain a 2.0 GPA or fails to attend 80% of classes they will be suspended from the program for any future funding.
2. If training is longer than 12 months the student must submit a new Financial Need Analysis form every six (6) months and a copy of the class schedule for each semester.

AVT PROGRAM ELIGIBILITY CONT'D

The selection of students will be determined on availability of funding. The Adult Education Department will screen applicants based on information submitted on the student's Financial Needs Analysis form.

No more than one repeat training service will be allowed. This will be determined on an individual basis. Repeat training services will be on a lower priority. (25 CFR Ch. I, Subpart B, Administrative Procedures, Sec. 27.5 Selection of Applicants - #E)

Students who are funded under the AVT Program in one area of study but do not complete the program can only request funding one additional time in a different area of study. If the student does not complete the course of study the second then that student will not be eligible for any additional funding through the Adult Education Department.

The date the applicant has a complete file, the Adult Education Department will determine the applicant's eligibility for funding.

APPEALS PROCEDURE

Within ten (10) days of the disapproval of services the applicant must submit a written appeal to the Tribal Administrator with the documents and sufficient details to warrant reconsideration of denial or disapproval of application of services. Upon receipt of the appeal, the Tribal Administrator will prepare a statement within ten (10) days to the applicant with an explanation of initial determination.

If the applicant is not satisfied with the explanation provided by the Tribal Administrator the applicant is allowed ten (10) days to submit a written appeal to the Business Committee with notification to the Tribal Administrator of the appeal. The Business Committee will make a final determination within thirty (30) days of receipt of the written appeal. All decisions/actions taken by the Business Committee are final.

FUNDING AMOUNT AND PROCESS OF PAYMENTS

Upon determination of funding, the Adult Education Department will process the equivalent of state tuition, books, and supplies to the respective school, not to exceed \$600.00.

PROGRESS REPORTS

The student must submit monthly progress reports to the Adult Education Department to ensure that they are making satisfactory progress. If the student fails to maintain satisfactory progress, the student will be placed on academic probation and continued funding will be placed on hold until satisfactory progress is achieved.

APPROVED TRAINING PROGRAMS

No assistance will be provided for any course of training exceeding twenty-four (24) months, (with the exception of LPN/RN training). LPN/RN training assistance will be provided for up to thirty (30) months.

No assistance may be provided for occupations that require less than two (2) weeks of pre-employment training unless the training will result in immediate employment. Proof of employment must be provided.

CONFIDENTIALITY

All records of applicants and grant recipients are confidential and will not be released to person(s) or educational institutions without written consent of the student.



Sac and Fox Nation Education Department

920883 S. Highway 99 - Stroud, Oklahoma 74079

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

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: _____ Email: _____

Address: _____

Telephone: _____ DOB: _____ Sex: _____

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

**SAC AND FOX NATION
FEDERAL/DOI FUNDING**

Higher Education/Adult Vocational Training

920883 S. Highway 99, Stroud, OK 74079

Education Department-Tel: (918) 968-3526, Fax:(918) 968-0542

FINANCIAL NEEDS ANALYSIS FORM

Student Information: (Please Print in Ink)

Name: _____ **DOB:** _____ **SEX:** _____

Address: _____

City _____ State _____ ZIP _____

Social Security Number: _____ Tribal Affiliation: _____ Telephone #: _____

Marital Status: _____ Spouse's Name: _____ Occupation: _____

Number of Children & Ages: _____

Name of Indian Parent(s) – Include Tribal Affiliation: _____

FINANCIAL STATUS INFORMATION TO BE COMPLETED BY FINANCIAL AID OFFICER

FALL _____ OR SPRING _____

Approved Student Budget		
Length of training: Yrs. _____	Months: _____	Semesters: _____
SCHOOL FINANCIAL EXP.	STUDENT RESOURCES	AWARDS
Tuition \$	Family Contribution \$	Pell \$
Fees \$	Student's 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 \$	IHS Grants \$	Other \$
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

Printed Name of Financial Aid Officer

Address

Telephone Number

City/State/ZIP