



Choctaw Nation of Oklahoma

Career Development Program

2807 Enterprise Blvd.

P.O. Box 1210

Durant, OK 74702

866-933-2260 580-920-2260 Fax: 580-916-3853

Dear Applicant:

The Choctaw Nation's Career Development Program is pleased to receive your inquiry regarding services and/or financial assistance. An Application, Statement of Understanding, and Financial Needs Analysis are enclosed. Complete the application and return it, along with any documents requested. If the application packet is incomplete, it cannot be processed.

An **X** means we need the information. We look forward to working with you to meet your career goals. Once you send in a completed application packet, we can begin to assess your needs.

- X** Application for Career Development Services
- X** **Tribal Membership Card** and Certificate of Degree of Indian Blood -- Copies Only
- X** Financial Needs Analysis Form (FNA). The enclosed form must be completed by the Financial Aid Office at the school you plan to attend after you have completed your FAFSA application. You will need to follow up with our offices to verify receipt of the FNA.
- X** Signed Statement of Understanding for Career Development Services
- X** Copy of Social Security Card
- X** Completed W-9 Form
- X** Name of **Credential** Being Sought and Plan of Study or Degree Plan from your school that leads to Credential
- X** Schedule for semester in which you are applying for assistance.

Should you have any questions, feel free to contact the Career Development office at the number listed.

Sincerely,

Career Counselor
Choctaw Nation of Oklahoma
Career Development Program



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Application for Career Development Services

To complete this application you must attach a copy of Tribal Membership

PERSONAL INFORMATION Complete all pages - please print.

Date of Application: _____

Legal Name: _____
 (Last) (First) (MI) (Maiden Name)

Mailing Address: _____
 (Street)

 (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

DOB: _____ SEX: Male Female Age: _____ SS#: _____

Marital Status: Married Single Widowed Divorced Separated

What are your Career/Educational goals?

Current Household Income: \$ _____

Educational History

SCHOOL	NAME/LOCATION	DATES ATTENDED	DATE GRADUATED	DIPLOMA/MAJOR
HIGH SCHOOL				
COLLEGE				
TECHNICAL SCHOOL				

Special Skills or Certifications: _____

Employment History: (START WITH MOST CURRENT)

Employer Name/Address	Start Date	End Date	Final Wage/Hrs. Per Week	Reason for Leaving

Are you participating in one or more of the following programs? Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Vocational Development | <input type="checkbox"/> Vocational Rehab | <input type="checkbox"/> Choctaw Nation Higher Ed |
| <input type="checkbox"/> WIA | <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Free or Reduced Lunch | <input type="checkbox"/> Food Stamps/Distribution | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Federal Financial Aid | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Other _____ | |

Contact Information**Contact 1**

Name _____
Relationship to you _____
Home Phone _____
Work Phone _____
Cell Phone _____

Contact 2

Name _____
Relationship to you _____
Home Phone _____
Work Phone _____
Cell Phone _____

Career Development has permission to obtain information with the listed contacts. Initial: _____

Do you have a valid driver's license? _____ Yes _____ No

Are you currently default on a student loan or federal grant? _____ Yes _____ No

Are you a Veteran? _____ Yes _____ No

Do you know your credit score? _____ Yes _____ No

Do you own your home? _____ Yes _____ No

Have you been convicted of a felony? _____ Yes _____ No

Do you have reliable transportation to school and/or work? _____ Yes _____ No

Do you have any barriers that would prevent you from completing training or obtaining employment?

Admissions Agreement:

I certify that all of the information given here is complete and correct to the best of my knowledge. I understand that submission of false information or academic records is grounds for denial of admission or immediate suspension. I agree to submit all required credentials, including those specifically mentioned, and that failure to do so may result in my being denied admission.

I further agree that upon admission to the Choctaw Nation Career Development Program, it is my responsibility to read the Career Development Program's guidelines and abide by its rules and regulations regarding conduct and other obligations which have been made by properly constituted authorities.

Adult Model Release and Consent to Use Name and Picture

I, _____, _____do _____do not give permission to use my name and photograph or photographs for advertising and promotional purpose in the interest of the Choctaw Nation Career Development Program, and/or its designates. I understand that this consent extends to photographs and electronic images of myself, which may be used in printed materials, television and video productions, web sites, CD ROMs or other technologies. Any use of my image will relate to the Career Development Program only. I also understand that I will receive no compensation for use of my picture and/or name.

I HAVE READ, DO UNDERSTAND, AND WILL ABIDE BY ALL OF THE POLICIES IN THIS APPLICATION.

Applicant's Signature

Today's Date

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED; ALL INFORMATION REQUESTED MUST BE PROVIDED WITH THIS APPLICATION

How did you hear about the Choctaw Nation Career Development Program? Check all that apply:

_____ Referral from other CN program _____ Word of Mouth _____ Relative
_____ Brochure _____ Website _____ Newspaper
_____ Television _____ School _____ Radio
_____ Other _____



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Statement of Understanding

The following guidelines have been developed to ensure that your needs are met, according to the policies of the Choctaw Nation's Career Development Program.

I, _____, agree to the following guidelines for services and/or financial assistance available to me.

1. I will provide proof of Choctaw Tribal Membership.
2. I will participate in career and academic assessment testing.
3. I understand that I should apply for any and all Federal Financial Aid as an additional source of funding for training costs. (www.fafsa.ed.gov)
4. I understand that attendance to any training facility is the key to successful completion. I agree that I will meet or exceed the training facilities' attendance policies and understand that if I fall below attendance requirements, my financial assistance from the Career Development Program will be terminated.
5. I understand that satisfactory progress (2.0 GPA) of any training program must be maintained in order to continue financial assistance from the Career Development Program. I will seek assistance if my grades fall below satisfactory progress from either my training facility or from the Career Development Center.
6. I will provide class schedules and regular grade and attendance reports to the Career Development Center to remain eligible for financial assistance.
7. I will provide school transcripts if necessary.
8. I will develop an Individualized "program of study" with my Career Counselor, if necessary.
9. I understand that once I have received training/certifications, I will use my skills to actively seek employment. I also understand that I can utilize job placement services available at the Career Development Center.
10. I understand that I will be ineligible for future Pell or Career Development assistance if I **drop or fail to complete** my training program.

I understand that if any of the mentioned guidelines have not been met, I will forfeit any financial assistance from the Choctaw Nation Career Development Program.

Applicant's Signature

Date