

# Adult Vocational Training



## Renewal Application

Renewal application along with supporting documents must be received by the Comanche Nation Higher Education Department before further funding can be determined and approved.

- A. **Official Transcript** once previous semester grades have been posted (only originals accepted)
- B. **Pell Award Letter (FAFSA)** must include dollar amount (if ineligible, letter of denial)
- C. **Enrollment Schedule** must have student and school name on sheet
- D. **Tuition/Fees & Book Costs** all costs must be from school in official format (hand written not accepted)
- E. **Degree Plan** to show proof of AAS Degree; must be official from Academic Advisor or Dean
- F. **New Address Verification** to show proof of current mailing address
- G. **New Letter of Acceptance** only if student has transferred to a different school
- H. **New Letter of Intent** only if student has transferred schools and/or course of study

**Attention:** Please contact the AVT Office immediately if any changes occur in school status (i.e. transfer, dropout), class status (i.e. adding, withdrawing), personal status (i.e. student interrupt, school difficulty), household status (i.e. number of dependents), and contact information (i.e. telephone, address)

Applications can be mailed to the following address:

**Comanche Nation Office of Higher Education**  
**Attn: AVT**  
**P.O. Box 908**  
**Lawton, OK. 73502**

If you have any questions or concerns, please contact us at:

Phone: 580-492-3368  
Fax: 580-492-4017  
Toll: 1-877-703-2288  
Email: [bonniet@comanchenation.com](mailto:bonniet@comanchenation.com)

# Adult Vocational Training Renewal Application



**Select an Education Plan:**

- Check the plan that applies to you
- Provide the following documents to complete application
- Fill out the application entirely; do not leave any lines blank

**I. Associate of Applied Science Degree**

1.  **Official Transcript**
2.  **Pell Award Letter**
3.  **Enrollment Schedule**
4.  **Degree Plan**
5.  **Current Address Verification**
6.  **Letter of Acceptance** (if applicable)
7.  **Letter of Intent** (if applicable)

**II. Technical Certification/License**

1.  **Official Transcript**
2.  **Pell Award Letter**
3.  **Tuition/Fees and Book Costs**
4.  **Current Address Verification**
5.  **Letter of Acceptance** (if applicable)
6.  **Letter of Intent** (if applicable)

**PLEASE PRINT CLEARLY**

\*\*\*\*\*  
 Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City                      State                      Zip

SSN: \_\_\_\_\_ CDIB#: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*\*\*  
 Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
City                      State                      Zip

Name of Program or Major: \_\_\_\_\_ Length of course: \_\_\_\_\_

Certification or Degree you will receive when completed: \_\_\_\_\_

Semester you are currently applying for:     Fall                       Spring                      Academic Year: \_\_\_\_\_

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Signature
Print Name Legibly
Date

\*\*\*\*\*  
Beginning Date of Program/Major: \_\_\_\_\_ Projected Ending Date: \_\_\_\_\_

Last time you received assistance from CNHE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Program: \_\_\_\_\_

Have you completed the Free Application for Federal Student Aid (FAFSA)? \_\_\_\_\_ Eligible? \_\_\_\_\_

List Grants, Scholarships, and/or Loans that you have applied for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
**Associate of Applied Science Degrees only:**

Have you ever received assistance through the CNHE Scholarship Program while in college?   Yes   No

If yes, when? \_\_\_\_\_

Current Year in College (please circle): 1 2 3 4 5 Other \_\_\_\_\_

Student status: Full-time (12 or more credits): \_\_\_\_\_ Part-time (# of credits): \_\_\_\_\_

Indicated credit hours earned to date: \_\_\_\_\_ Classification: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_

\*\*\*\*\*  
**Please carefully read, sign, and date the following.**

By my signature, I affirm that I fully understand the terms under which I will attend Adult Vocational Training Program. In addition, I understand that no financial maintenance/scholarship will be provided until the Adult Vocational Training Specialist has certified my application and I receive an award letter.

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Signature

Print Name Legibly

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, Comanche Nation Office of Higher Education will discuss student information with the student applying for assistance only.

I have read the Privacy Statement and understand the contents and do hereby agree to abide by all items listed.

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Signature

Print Name Legibly

Date