

Adult Education Short-Term Training Application



In accordance with **25 CFR 46.20 Program Requirements**, the Short-Term Training Program is designed to address the needs of Comanche Nation adults in the service area/tribal jurisdiction by providing "*Indian Adults with sufficient basic education to enable them to benefit from job training/retraining programs and to obtain/retain productive employment so that they might more fully enjoy the benefits and responsibilities of citizenship.*"

Short-Term Training are **courses offered at an accredited vocational school or technology center and do not exceed 600 hours**. Please complete this application if you are seeking funding for:

Tuition Books Course Supplies Exams Background Check Drug Screening

If you are **employed in a profession requiring continuing education or competency requirements to maintain your license**, Short-Term Training can also assist with:

Continuing Education Units Professional Certification/Licensing Exams Fees

Conference Registration Fees Conference Meals/Mileage

Eligibility Requirements

In order to receive funding, every client must return this application **three weeks prior to the course start date or date of exam** and **provide proof of the following**:

- CDIB
- Address Verification (Lease, Utility Bill, Mail Postmarked within 30 days)
- GED/High School/College Diploma/Transcript
- Official Cost Documents (Invoices, Quotes, W-9)

Eligibility cannot be determined until all requirements have been met.

If you receive an Adult Education Award, **you are responsible for the following**:

- ✓ Proper Withdrawal (if necessary)
- ✓ Transcript indicating a passing grade/Certificate of Completion
- ✓ Exam Scores

Adult Education
Short-Term Training
Application



CONTACT INFORMATION

Name: _____ Maiden: _____
Email: _____ Phone#: _____
SSN: _____ CDIB: _____ DOB: _____
Address: _____
City: _____ State: _____ Zip Code: _____

ENROLLMENT INFORMATION

Course: _____ Institution: _____
Start Date: _____ End Date: _____ Tuition: \$ _____ Books: \$ _____
Exam: _____ Date: _____ Fees: \$ _____
License: _____ Board: _____ Fees: \$ _____
Supplies: _____ Vendor: _____ Cost: \$ _____

COURSE SCHEDULE

On- Campus Day/AM Evening/PM

Course days: Monday Tuesday Wednesday Thursday Friday

Course start time: _____ Course end time: _____

If you are attending on-campus classes, will you need a meal card? Yes No

Do you have reliable transportation to attend this class as scheduled? Yes No

Do you have all the required equipment for online course attendance? Yes No

If you do not have the required equipment, what do you need in order to attend class?

Laptop

EDUCATION

High School/GED Graduate No Highest Grade Completed: _____

Yes Graduation Year: _____

College Graduate No

Yes Graduation Year: _____ Degree: _____

EMPLOYMENT

Employment Status (Check one):

Employed Full-Time Employed Part-Time Unemployed

How will this Short-Term Course (exam, license, supplies) help you in your current job?

Will your work schedule conflict with your Short-Term Course schedule? Yes No

Letter of Intent

PLEASE ANSWER THE FOLLOWING QUESTIONS IN SENTENCE FORM.

1. What interests you about this course/license/training? Why this course?

2. How will you use this certification/license/training in the future?

3. How will earning this certificate/license or receiving this training change your life?

4. Would it create a hardship if you were unable to get this certificate/license or training?

5. What support is needed to obtain this certificate/license or training?

Individual Self-Sufficiency Plan (ISP)

Have you received Adult Education funding previously? No
 Yes Type of assistance: _____ Last year funded: _____

If you did not pass your last course or exam, please answer the following questions:
Reason for failure: _____

Did you receive Disciplinary Action? No
 Yes When: _____
 Probation
 Suspension

If you passed your last course or exam, please answer the following questions:
Certificate Earned: _____

Skills gained (welding, computer, health, auto, etc.): _____

ACTION PLAN & GOALS

GOAL #1
ACTION STEP FOR GOAL #1

____ I understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to meet my self-identified goal of employment through the action steps listed above and I am required to follow the steps developed in the ISP in order to meet eligibility requirements.

____ I understand that I must actively participate in this plan that will promote my self-sufficiency by maintaining good attendance, completing all required coursework and successfully passing all exams.

____ I also understand if any issue arises which may affect attendance or jeopardize course completion that I must immediately notify the Adult Education Program and complete the Voluntary Withdrawal Form.

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance to the Indian Self-Determination and Education Act (Public Law 93-638, 88 Stat 2203).

Applicant Signature

Date

Adult Education Specialist Signature

Date

Adult Education

Individual Development Plan (IDP)



An Individual Development Plan is an action plan designed to improve the knowledge and abilities of Adult Learners. The IDP is used to **identify individual career goals** and a series of planned action that bring students closer to each goal.

Short-Term Goal (1-2 years)

Development Goal	Development Activities	Outcomes Measurement	Target Date

Long-Term Goal (2-5 years)

Development Goal	Development Activities	Outcomes Measurement	Target Date

PLEASE READ CAREFULLY

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. BY MY SIGNATURE I ACKNOWLEDGE THAT ANY AWARD IS SUBJECT TO NULLIFICATION IF I DO NOT MEET REQUIREMENTS FOR COURSE ADMISSION. ADULT EDUCATION IS NOT OBLIGATED TO FUND STUDENTS WHO FAIL THEIR COURSES ACADEMICALLY OR IMPROPERLY WITHDRAW.

Applicant Signature

Date

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