

# 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?

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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?

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

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

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

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

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## 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

Comanche Nation Higher Education;  
P.O. Box 908, Lawton, OK 73502  
Phone: 580-699-7218; Email: [higher@comanchenation.com](mailto:higher@comanchenation.com)