**ADULT EDUCATION PROGRAM**

**SKY PEOPLE HIGHER EDUCATION**

**PROCEDURES AND CHECKLIST**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ENROLLMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Adult Education Program (AEP) provides financial assistance to Northern Arapaho Tribal members. The AEP supplements a portion of the student’s educational or training costs for Part-time assistance in vocational and professional training. It also assists students who are enrolled in a certification program (CNA; CDA; etc.) and for teacher recertification. Adults enrolling in GED or College Readiness classes will also be considered. All applicants must maintain a 2.25 Grade Point Average (GPA). Students must apply for all available campus or training site based financial aid and other funding sources.

The Sky People Adult Education Program requires the following application procedures and required documents to assure the application process is complete.

**CHECKLIST**

1. \_\_\_\_\_ Initial visit/personal interview
2. \_\_\_\_\_ Sky People Adult Education Program application
3. \_\_\_\_\_ Letter of Acceptance from the School or Training site
4. \_\_\_\_\_ Personal Letter requesting financial assistance stating need for funding,

educational goals, length of program, type of certification, diploma, and

plans after completion of training

1. \_\_\_\_\_ Copy of Registration statement
2. \_\_\_\_\_ Complete all coursework and submit official transcripts, copy of certification

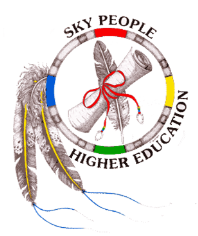
or diploma after completion of program

1. \_\_\_\_\_ Certificate of Indian Blood
2. \_\_\_\_\_ Sign and date Privacy Act
3. \_\_\_\_\_ Per Capita Deduction Agreement

MH 8/27/09

**SKY PEOPLE HIGHER EDUCATION**

**P.O. BOX 920, FT. WASHAKIE, WY 82514**



**ADULT EDUCATION PROGRAM**

**SKY PEOPLE HIGHER EDUCATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Enrollment Number

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town State Zip Code

Telephone Number Social Security Number Date of Birth

Name of School/Training Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of School/Training Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Degree/Certification Date\_\_\_\_\_\_\_

Type of Program GED \_\_\_\_\_\_\_ CNA \_\_\_\_\_\_\_ CDA \_\_\_\_\_\_\_ Substitute Teacher \_\_\_\_\_\_

Teacher Recertification\_\_\_\_\_\_\_\_\_\_\_\_\_Certificate/Diploma/Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Educational Areas (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This section to be completed by the Sky People Finance Officer**

**Course No. Credit Hours Cost**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

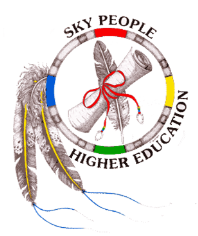
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Total** \_\_\_\_\_\_\_\_\_\_\_

Application has been reviewed by the Sky People Office and has been **APPROVED**

Date of Review or Phone Approval\_\_\_\_\_\_\_\_\_\_\_ **DISAPPROVED**

Disbursement in the amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finance Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MH 8/27/09

**TO BE SIGNED BY APPLICANT FOR TRAINING ONLY:**

I hereby apply to attend the school/training center on this application and agree to follow

all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Sky People Higher Education Office will be so used or repayment will be made to the Sky People Higher Education Program. I understand that if I am eligible for other training funds, this will be included toward the costs of my education or training. I authorize the school to release grade, attendance and income information to the Sky People Higher Education Program personnel.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**TUITION PAYMENT AGREEMENT**

**FOR PELL RECIPIENTS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to utilize my Pell Grant funds towards

cost of tuition at the school I will be attending. I further agree that failure to pay/use the Pell Grant funds to compensate my tuition to the school will justify discontinuance of my education/training program through the Sky People Program’s Adult Education Program.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to be solely financially responsible for my tuition cost as required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**PERCAPITA DEDUCTION AGREEMENT**

**TO BE SIGNED BY ALL APPLICANTS:**

I hereby apply to attend the school indicated on the application and agree to work toward the educational objectives stated. If I withdraw from school before the school term is over, without the approval of the Sky People Education Board, I agree to repay to the Sky People Adult Education Program the entire amount of the award. I authorize the Sky People Education Board to deduct part or all of my per capita until the award has been repaid in full.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_