ADULT VOCATIONAL TRAINING PROGRAM

APPLICATION CHECK SHEET

☐ APPLICATION

☐ BLOOD CERTIFICATION AND/OR TRIBAL ENROLLMENT CARD

☐ BIRTH CERTIFICATE: APPLICANT AND DEPENDENTS

☐ COPY OF SOCIAL SECURITY CARD

☐ TRANSCRIPT (HIGH SCHOOL, COMMUNITY COLLEGE, GED SCORESHEET, OTHERS)

☐ DRIVER’S LICENSE

☐ PERSONAL LETTER

☐ TEST SCORES

☐ PHYSICAL EXAMINATION (I.H.S. or Primary Care Provider)

☐ LETTER OF ACCEPTANCE FROM TRAINING CENTER

☐ FINANCIAL NEED ANALYSIS

☐ COPY OF FAFSA

☐ VERIFICATION OF RESIDENCY

☐ OTHER

Post Office Box 151, Fort Road, Toppenish, WA 98948 (509) 865-5121 Ext. 4542, 4540
ADULT VOCATIONAL TRAINING APPLICATION

Applying for:  □ Vocational Training    □ Direct Employment    □

Other: __________________________

□ New  □ Returning – Date of Previous AVT Award: ___ / ___ / ___  Agency: __________________________

Name: __________________________ Social Security No. _____ - _____ - _____

Address: __________________________ Phone No.: ( ) __________ - __________

Tribe & Number: __________________________ Date of Birth: ___ / ___ / ___  Veteran: □ Yes □ No

Marital Status: □ M  □ S  □ D/Sep.  Number of Dependents Living With You: __________

□ High School Diploma  Date of Grad: ___ / ___ / ___  □ G.E.D.  Date Taken: ___ / ___ / ___

Institution Attending or Job Site:

Start Date: ___ / ___ / ___  Completion Date: ___ / ___ / ___  Major: __________________________

College Grade Completed: __________  Degree Received: __________________________

Employment History: Please list all previous employment & locations.

1. __________________________  Date: ___ / ___ / ___  Title: __________________________

2. __________________________  Date: ___ / ___ / ___  Title: __________________________

3. __________________________  Date: ___ / ___ / ___  Title: __________________________

Under the Federal Privacy Act of 1974, Federal Agencies cannot release information about you to anybody without your authorization.


2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.

3. The purpose of this information collection is to determine your eligibility for services.

4. The routine use of this information is to evaluate your request and to assist you before and during your training. After completion, or if this application is for Direct Employment, parts or all of the information will be provided to employers for employment consideration.

5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance.

I have read the above statement. I hereby provide the required information and authorize the use of such information as specified. I also understand that if I unofficially withdraw or separate from training/employment without notification, I will be terminated from the program and be required to refund the assistance I received. I further understand that I must maintain minimum academic and attendance requirements required by the school to complete my training program. I authorize the educational institution/employer to release my grades and any information which would assist in completing vocational training/employment.

Date: ___ / ___ / ___  Signature: __________________________

OFFICIAL USE ONLY

□ Initial  □ Repeat - # Services: __________  □ Eligible  □ Ineligible __________

□ Approved  □ Disapproved  Manager/Counselor: __________________________

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ADULT VOCATIONAL TRAINING APPLICATION

PERSONAL LETTER

Please write a personal letter indicating your personal educational goals and employment plans after completing your course of study.
# AVT Financial Need Analysis

**Student’s Name:**

**S.S.#XXX-XX:**

**Student is:** Dependent  □ Independent  State Resident: □ Yes  □ No

**Housing:** □ On Campus  □ Off Campus  □ Commuter: Parent’s Home

**Start Date:** / /  □ Completion Date:** / /  □ Course Title:

**School System:** □ Weekly  □ Monthly  □ Quarter  □ Semester  □ Other:

## Student Budget:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$</td>
</tr>
<tr>
<td>Room and Board</td>
<td>$</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
</tr>
<tr>
<td>Personal Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Dependent(s) Allowance</td>
<td>$</td>
</tr>
<tr>
<td>Child Care</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

## Student Resources:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Contribution</td>
<td>$</td>
</tr>
<tr>
<td>Parent Contribution</td>
<td>$</td>
</tr>
<tr>
<td>Spouse Contribution</td>
<td>$</td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td>ADC/PA</td>
<td>$</td>
</tr>
<tr>
<td>Veteran’s Benefits</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

## Institution Financial Aid Awarded:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pell Grant</td>
<td>$</td>
</tr>
<tr>
<td>Perkins</td>
<td>$</td>
</tr>
<tr>
<td>S.E.O.G.</td>
<td>$</td>
</tr>
<tr>
<td>State Need Grant</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

## Financial Aid Office:

Please complete and return this form to the Adult Vocational Training Program prior to start date.

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Authorizing Official’s Signature  
Title  
Date / /

(Institution)  (Address and Phone Number)  
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