

OFFICE USE ONLY

Application Status: [] Complete [] Incomplete
[] Pending Explanation: _____

Approved: [] YES [] NO
Approval/Denied Date: _____
Re-Certification Date: _____



**Pawnee Nation Education Division
"Te-Tu-Koo" Resources**

Mailing Address: P.O. Box 470 Pawnee, Oklahoma 74058
Education Main Phone: (918)-762-3227 Fax: (918)-762-3662
Child Care Program Phone: (918)-762-3007 Fax: (918)-762-6497

Personal Information

Name: _____ Email Address: _____
Last MI First

Mailing Address: _____ Telephone: _____

Physical Address: _____ Work/Cell Phone: _____

Preferred communication: Phone or Mail or Email

Marital Status: __ Single __ Married Education at Enrollment: __ Student __ H.S. Dropout __ H.S. Diploma __ Attending GED
__ Widowed __ Divorced __ Separated (Mark all that applies) __ Attending College __ College Graduate

List people in your household including yourself

Name	Age	Date of Birth	Relationship to Applicant	Tribal Affiliation	Social Security	Special Needs
			Self			

Please specify if the following assistances currently apply to you

Assistance Status	Yes	No	Amount	Assistance Status	Yes	No	Amount
AFDC/TANF				Child Support/Alimony			
SNAP/Food Stamps				Foster Care			
SSI (Supplement Security)				School Grants			
General Assistance				Veterans Assistance (VA)			
Social Security (Disability)				Unemployment			
Annuity/Per cap				Commodities			
Workman's Comp				Living Assistance			
Pension/Retirement				Other:			

Household Employment Information:

Applicant:

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start Date:	End Date:	Reason for Leaving:

Spouse:

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start Date:	End Date:	Reason for Leaving:

Other-Any household member 18 years of age or older:

Employer:	Employer Address:	Employer Phone:
Job Title:	Wage:	Hours Worked Per Week:
Start/End Date:	End Date:	Reason for Leaving:

I Certify that I am Currently:

Unemployed:

- More than 7 days
- More than 6 months
- Never Worked

Employed:

- Working Less than 32 hours per week
- Upgrading Requested
- Retraining/Recertification needed

Veteran Preference

- Transitioning
- Selective Service#: _____
- Other: _____

*** Please check the following services that apply and/or requesting. ***

<u>Services</u>	<u>Description</u>	<u>Currently Receiving</u>	<u>Apply for Services</u>	<u>Doesn't Apply to Me</u>
School Fees (Grades: Pre-k – 12th)	Assistance for eligible Native American students; Provides school operational support. (Ages: 3- 12 th grade).			
School Supply (Grades Pre-k – 12th)	Assistance for Eligible Native American students Pre-K through the 12 th grade in receiving fundamental supplies.			
School Reimbursement	Assistance for Eligible Native American students in school sponsored extra-curricular activities and/or graduation cost.			
ACT Prep/Testing	Assistance for Eligible Native American students needing support in ACT Prep/ACT Testing.			
After School/Tutoring	Assistance for eligible Native American Students needing improvement in academic success.			
Summer Youth Work Experience (SYWEX) (Ages: 14- 24 years old)	Assistance for eligible Native American students; Provides work experience and job readiness workshops during the month of June and school calendar year if applicable.			
Child Care Ages: 2months – 8years old	Assistance for Eligible Native American clients needing supportive services for children.			
Child Care Subsidy Ages: 2months – 8years old	Assistance for Eligible Native American clients needing monetary supportive services for children in child care.			
Higher Education Scholarship	Assistance/Funding for Enrolled Pawnee Nation Members attending an accredited university/college with enrollment in courses for full time higher education. Have you previously received the HIED scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____			
Adult Education/ Classroom Training	Assistance for Eligible Native American clients needing designated supportive services in career development, skill training/material, including services for GED material/testing. Including but not limited to Job retaining/Job upgrading.			
Work Experience (WEX)	Assistance for Eligible Native American clients needing supportive services including but not limited to; job experience, resume developing, job readiness workshops and/or job related support to achieve self-sustainability.			
Other: _____				

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY MISREPRESENTATION ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE TERMINATION. I ALLOW THE RELEASE OF INFORMATION FOR VERIFICATION PURPOSES ONLY. I UNDERSTAND THE COMPLETION AND SUBMISSION OF THIS APPLICATION AND REQUIRED DOCUMENTS DOES NOT CERTIFY ELIGIBILITY OF SERVICES IN TE-TU-KOO.

Applicant Signature

(Parent Signature is required if participant is under age of 18years old)

Date

Following Documents must be submitted with application in order to be complete:

CDIB Proof of Residency (Students can submit Verification from School) Proof of Income (FNA for HIED)

*** Any lack of the following documents will make the application incomplete and will not be reviewed. ***