

# SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

## Adult Vocational Program

This program is for Delaware enrolled members that need short-term training to obtain/enhance job skills or to acquire a General Education Diploma (GED). Max award per academic year \$3,000. All tuition checks are mailed to the school

**\*Please check the box that applies to the vocational training needed.**

### ADULT VOCATIONAL TRAINING (AVT) - Long Term Training 9 months or more

The Adult Vocational Training (AVT) Program is available to enrolled Delaware members, 17 ½ years of age or older. Applicant must reside within the Anadarko Agency jurisdiction area  
Student must attend a training course of 9 months or more to meet the eligibility requirements for this program.

### ADULT EDUCATION PROGRAM (AEP) - Short Term Training 9 months or less

The Adult Education Program (AEP) Program is available to enrolled Delaware members, 17 ½ years of age or older. Applicant must reside within the Anadarko Agency jurisdiction area

Student must attend a training course of 9 months or less to meet the eligibility requirements for this program.

**REQUIRED DOCUMENTS** The following documents must be complete and submitted with this application. If you fail to secure these documents your application will be placed on pending status.

- ✓ Copy of high school transcripts or GED certification (college transcripts if applicable)
- ✓ Letter of intent written by applicant
- ✓ Letter of admission for proof of acceptance of enrollment
- ✓ Training Cost Worksheet (pg.3). Must be completed by school official
- ✓ Full-time students must apply for federal financial aid through the training facility

**ATTENTION STUDENT:** Please submit page 3 of this application to the training facility that you plan to attend and have the financial aid office or a school official complete the training cost worksheet.

### **DEADLINE**

No deadline. Submit an application 30 days prior to start date.

### **SERVICE AREA**

Oklahoma Only

**For more information contact Heather Cozad, Social Services Director ([hcozad@delawarenation.com](mailto:hcozad@delawarenation.com))**

Part time, Summer, Post Graduate  
P.O. Box 825  
Anadarko, OK 73005



Toll Free 1-800-203-2121  
Phone (405)247-2448  
Fax (405)247-5942

PLEASE PRINT

Name \_\_\_\_\_ Enrollment# \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

Assistance needed for:  Fall part-time  Spring part-time  Summer Semester  Graduate School

Classification:  Freshmen  Sophomore  Junior  Senior  Graduate  Doctorate

Name of College \_\_\_\_\_ Major \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Graduation  
\_\_\_\_\_ Date \_\_\_\_\_

Have you previously received assistance from the College Assistant Program? Yes  No

If yes, what was the last year and semester you received the grant? \_\_\_\_\_

Number of college semesters attended \_\_\_\_\_ Number of semester hours earned \_\_\_\_\_

**ANTICIPATED EXPENSES**

Tuition (please attach tuition cost printout).....	\$ _____
Student Loans.....	\$ _____
Books and school supplies.....	\$ _____
Other school related fees.....	\$ _____

My signature below will indicate that I have agreed to the following conditions for funding. The information contained in my scholarship application contains no falsification and all items are true and correct. I understand that any false statements made herein would result in a voided application. I grant consent to release this information to the necessary agencies in order to complete my financial aid package. I declare that I will use all funds from the Delaware Higher Education Grant Program solely for expenses connected to attending the College/University listed above.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME



Form to completed by School Official

**EDUCATION COST WORKSHEET**

Student Name \_\_\_\_\_

Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Start Date \_\_\_\_\_

Completion Date \_\_\_\_\_

Type of degree \_\_\_\_\_ Full Time  Part Time

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

**Tuition** \$ \_\_\_\_\_

**Books** \$ \_\_\_\_\_

**Supplies** \$ \_\_\_\_\_

**Fees** \$ \_\_\_\_\_

**Other** \$ \_\_\_\_\_

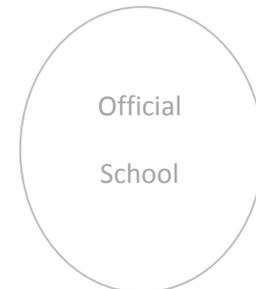
**Total program cost** \$ \_\_\_\_\_

**Less pell grant** \$ \_\_\_\_\_

**Less loans** \$ \_\_\_\_\_

**Less funding source** \$ \_\_\_\_\_

**Student unmet need** \$ \_\_\_\_\_



\_\_\_\_\_  
 Signature of School Official

Delaware Nation Education Program recommended to pay \$ \_\_\_\_\_