



**COQUILLE INDIAN TRIBE**  
Culture, Education and Library Services  
495 Miluk Drive Coos Bay, Oregon 97420  
541-756-0904 Fax# 541-888-2418  
www.coquilletribe.org

## Adult Vocational Training Program Application

First Time Applicant       Second Time Applicant

### APPLICANT INFORMATION:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Check if address is new

City      State      Zip

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Highest Grade completed: \_\_\_\_\_ Schools Attended: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Employer: \_\_\_\_\_

Prior employment, education, certificates, or trainings: \_\_\_\_\_

Physical or other limitations: \_\_\_\_\_

### PERSONAL STATEMENT:

Write a personal statement in the space below about your vocational goals. Describe how the Tribe would benefit by sending you to this training institute. Attach additional pages if necessary.

**TRAINING INSTITUTE INFORMATION:**

Name of Program: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Length of Training: \_\_\_\_\_ Cost: \_\_\_\_\_ Start Date: \_\_\_\_\_

Does Institute participate in the Federal Student Aid Program: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of Certificate to be obtained: \_\_\_\_\_

Does program offer transferrable credits? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many transferrable credits will be earned? \_\_\_\_\_

This program is delivered by: (Circle One) Classroom Field Distance Education

Do you meet all training program eligibility requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Last date to withdraw from program without penalty: \_\_\_\_\_

What is the Program's refund policy: \_\_\_\_\_

Supplies required for Program: \_\_\_\_\_ Cost: \_\_\_\_\_

Testing fees required for Program: \_\_\_\_\_ Cost: \_\_\_\_\_

Does the Program offer Job Placement Assistance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Does program include Lodging and Meals: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide the following information to the Funding Coordinator:

- 1) Course Outline
- 2) Program Accreditation or Licensure Information

**APPRENTICESHIP SUPPORT PROGRAM INFORMATION:**

Name of Apprenticeship Program: \_\_\_\_\_

Apprenticeship registered with the Apprenticeship and Training Division of Bureau of Labor and Industries? \_\_\_\_\_

Please provide the following information to the Funding Coordinator:

- 1) Copy of Apprenticeship Registration and Acceptance
- 2) Name and Contact Information of Training Agent

**VOCATIONAL GRANT AGREEMENT**

I agree to make every effort to maintain a grade point average of 2.0 or better, if applicable

I agree to submit grade reports, evaluation reports, or attendance records as required by the Education Department, and that the timeliness of my stipend is contingent upon this requirement

I understand that failure to comply with this agreement may result in withholding of AVT grant funding

I understand that if I withdraw before the training program is complete that I may choose to pay back program funds expended or be placed on a 3 year probationary period for AVT

I agree to submit a copy of my certificate, license, or proof of completion

I acknowledge that if I feel I have not been treated fairly or that I have been denied a service I believe I should be afforded, I may access the Education Department Grievance/Appeal Process.

**I certify that the information on this form is true and correct to the best of my knowledge.**

---

**Applicant's signature**

**Enrollment No.**

**Date**