



## APPLICATION FOR WORK TRAINING AID

The Delaware Tribe of Indians is pleased to offer assistance for individuals continuing their educational journey. This program is open for individuals pursuing vocational training. Please refer to the following criteria to determine eligibility:

### Eligibility:

Aid is limited to areas that lead to certification or increase employability characteristics. Acceptable continuing education/vocational training programs include, but are not limited to:

- Technical Training/Certification
  - Plumbing, HVAC Tech, Welding, Auto Mechanics
- Health Certification/Careers
  - Sonography, Nursing, Dental Assistant
- Business Certification
  - Computer and IT Support, Cybersecurity, Graphic Design, Legal Aide, Bookkeeping
- *Applicants pursuing programs that are not listed above are encouraged to apply. Special consideration may be taken depending on circumstances and need.*

Only **COMPLETE** applications will be considered for assistance.

This program is funded by the American Rescue Plan Act and provided to you by the Delaware Tribe of Indians \_\_\_ Department. Award recipients can receive up to \$4,000 in assistance to be applied to the upcoming academic year, this is not to guarantee every recipient will receive the full \$4,000 awarded amount. **Application deadline: December 31, 2022.**

For further information, please contact ARPA Assistant Manager Sarah Boyd 918-337-6590 or by email at [sboyd@delawaretribe.org](mailto:sboyd@delawaretribe.org).

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### Applicant Personal and Contact Information

|   |  |                            |   |
|---|--|----------------------------|---|
| <b>Applicant Full Name</b>  |  |                            |   |
| <b>Date of Birth</b>  |  | <b>Tribal Enrollment #</b> |   |
| <b>Physical Address<br/>(Street, City, Zip)</b>   |  |                            |   |
| <b>Mailing Address<br/>(Street, City, Zip)</b>  |  |                            |   |
| <b>Phone Number</b>   |  | <b>Email Address</b>       |   |
| <b>Marital Status</b><br>(Check One) <div style="margin-top: 5px;"> <input type="checkbox"/> Married<br/> <input type="checkbox"/> Single<br/> <input type="checkbox"/> Widowed<br/> <input type="checkbox"/> Other (please explain):<br/>           _____         </div> | <b>Are you or your spouse a veteran?</b> |                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### Vocational Education Information:

*(Please include information related to career training/certification)*

| Name of Institution   | Area of Focus   | Tuition/Supply Costs  | Start Date                    | Expected Date of Completion   |
|---|---|---|-------------------------------|-------------------------------|
|   |   |   | Click or tap to enter a date. | Click or tap to enter a date. |
| <b>Application Checklist:</b><br><b>(Please include these documents with completed application)</b> | <input type="checkbox"/> Copy of Proof of Tribal Enrollment<br><input type="checkbox"/> Acceptance letter from vocational/technical program or institution<br><input type="checkbox"/> Tuition Verification (invoice, letter from institution, etc.)<br><input type="checkbox"/> W-9 Form<br><input type="checkbox"/> Copy of DD214 Member 4 (if claiming veteran status) | <b>Institution's Financial Aid or Student Accounts Contact Information:</b> | <b>Mailing Address:</b>       | <b>Phone number:</b>          |
|   |   |   |                               |                               |

### Financial Need Certification

As a condition of receiving financial assistance for any of the vocational education programs, I certify that my desired program will help gain and/or maintain full-time permanent employment. I am applying for assistance to establish a better quality of life for myself, and if applicable, my family.

|  |   |
|--|---|
| Have you applied for other assistance for current academic year?       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Have you applied for and received student loans from any other source? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### Confirmation of Financial Need

By submitting this application, I hereby certify that I have suffered from a financial hardship due to the COVID-19 public emergency. I certify that all information provided in this application is accurate.

|               |       |
|---------------|-------|
| Printed Name: |       |
| Signature:    | Date: |

### How to Submit this Application

**Submit by Mail:**

**Submit by email:**

**For Official Use Only**

Date received by the Tribe:

Tribal enrollment verified? ☐Yes ☐No

Date Verified:

Supporting Documentation provided: ☐Yes ☐No

| Approved Program(s): | Amount: | Check #: | Date Check Mailed: |
|----------------------|---------|----------|--------------------|
|                      |         |          |                    |
|                      |         |          |                    |
|                      |         |          |                    |
|                      |         |          |                    |
|                      |         |          |                    |

Denied Program(s) and why:

Approval/Denial Letter sent: ☐Yes ☐No

Date Mailed: