



Ponca Tribe of Oklahoma Education & Training Department

Scholarship • Graduate • Adult Ed. • WIOA
 121 White Eagle Drive • Ponca City, Oklahoma 74601 • Tele: (580) 763-0120 • Fax: (580) 763-0126

PONCA TRIBE ADULT EDUCATION PROGRAM APPLICATION

All information requested is voluntary, however, failure to complete all applicable parts may result in a delay of processing, or a denial of services due to incomplete information needed to make a determination of eligibility.

	Last	First	Middle	Maiden
Legal Name:				
Social Security Number:	Date of Birth:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:	City		State	Zip Code
Alternate Address:	City		State	Zip Code
Tribal Affiliation:	CDIB Card (Please Attach Card): <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of Blood:	Phone Number:	
Marital Status:	Number of Dependents:	Eligible for Veterans Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer:				
Address of Employment:	City		State	Zip Code
Length of Employment:				

Education:

Area of Interest: (Check one you are applying for)

Level of Education Attained:	<input type="checkbox"/> General Education Development (GED) Test Prep
School(s) Attended:	<input type="checkbox"/> Adult Basic Education Courses:
	<input type="checkbox"/> Self Improvement Courses:
Date of Graduation:	<input type="checkbox"/> Employment Enrichment:
Have you received Adult Education Services before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	<input type="checkbox"/> Date of Courses/Training: Begin: _____ End: _____

I certify that all the above information is correct.

Applicant signature: _____ Date: _____

