



Mississippi Band of Choctaw Indians College Application Career & Technical Education Program

*P.O. Box 6010 Choctaw Branch
Choctaw, MS 39350
(P) 601-650-1749 / 601-650-1745 (F) 601-650-1703*



Dear Applicant:

Thank you for your inquiry with the Program in requesting assistance to attend college in a vocational or technical field. We commend you for setting educational goals. It is important that you return your application and the items requested below in a timely manner in order to be reviewed for assistance. Our deadline for receiving applications is the last working day in May for the Fall semester and deadline for Spring semester will be last working day in November. Please check with staff for updated deadlines.

Please submit a copy of the following information:

- Official High School Transcript or GED scores**
- Official Transcripts of each college attended**
- ACT Scores**
- Application for admission to the college you plan to attend**
- Pell Grant Application (Free Application for Federal Student Aid)**
- Certified Degree of Indian Blood (CDIB)**
- TABE Test (by Appointments please see Adult Education)**
- Drivers License or a Picture ID.**
- Social Security Card**
- Parental / Legal Guardian Consent (if under the age of 21)**
- Selective Service Number (Males 18-26 years old)**
- Personnel Action Form or Personnel Change Form from Employer**
- Birth Certificate**
- Physical examination (From 1 year to Recent)**

Application will be denied if all documentation is not submitted!!

Education

| | Elementary | High School | College /Vocational Education |
|-----------------------------------|--------------------|---|---|
| School Name | | | |
| Location (City & State) | | | |
| Years Completed (Circle) | 1 2 3 4 5 6 7 8 | 9 10 11 12 | 13 14 15 16 |
| Received Diploma If Yes Circle | [Hatched Box] | Yes No Date Date Received: Received: | Yes No Date Date Received: Received: |

Work Experience

| | |
|--|---------------------|
| Employer Name & Address _____ | Job Position: _____ |
| Duties: _____ | |
| Date Employed _____ to _____ Reason for Leaving: _____ | |
| Employer Name & Address _____ | Job Position: _____ |
| Duties: _____ | |
| Date Employed _____ to _____ Reason for Leaving: _____ | |
| Employer Name & Address _____ | Job Position: _____ |
| Duties: _____ | |
| Date Employed _____ to _____ Reason for Leaving: _____ | |

TO BE READ AND INITIALED BY APPLICANT:

I hereby apply to attend the school indicated on this application and agree to follow all rules and regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the required course which I have selected. I understand that if I am eligible for other training funds such as Pell Grant, etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance reports, and income verification information to the Vocational Education Program personnel.

(Initial after reading)

PRIVACY ACT AND PAPERWORK REDUCATION ACT STATEMENT:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by the Vocational Education Program employee's to evaluate your request and to assist you during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant's Signature

Date

FOR AGENCY USE ONLY

Agency: Mississippi Band of Choctaw Indians Area: Eastern Area

Applicants first service? Yes__ No__ If no, how many months has he/she used? ____ . Repeat 1 2 3 (circle one)

Name of college: _____ Year attended: _____

Area of training: _____ Old File Number _____

Was applicant selected for training? Yes__ No__

If no, Reason for denial? _____

TEST SCORES

ACT Composite: _____ TABE Composite: _____