

## 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.

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)

Please submit a copy of the following information:

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

# **APPLICATION FOR ADMISSION**

#### Please Print

Please answer all questions & submit all required documents by deadline. An incomplete application will delay the processing of your application.

Application Date:	Social Security No	: Telephone No:				
Last Name	First	Middle	Maiden			
Address	City	State	Zip Code Co	ommunity		
Female Male Dat	e of Birth//Age	Are you a	member of the MBCI	CDIB #:		
Single Married Wi	dow Divorced Separated_	_ Number o	f Dependents Child	ren in school		
	Please List each me	mber of hou	sehold			
		***************************************		**************************************		
Emergency Contact Pers	on Telephone Number	Other Con	tact Information Tele	ephone Number		
Do you have a high school If no, please estimate date of	diploma or GED? of completion of High School or G	GED:		Yes No		
Are your employed, or do you have income from any source? f yes, please explain:			Yes No			
Do you have any physical limitations that would interfere with your training?  If yes, please explain:				Yes No		
Type of training your are interested in: Any previous experience?						
	Yes No If yes what is your					
Have you ever attended college?  If yes, please list the college or colleges attended:						
Please fill in the semester a	nd year you expect to enter colleg	ge: Fall Sprin	g Summer 20			
Please fill in the status you	plan to participant: Part-time stud	lent Full-tin	ne student			
Which college do you plan	to attend?	D	o you plan to live in the d	orm? Yes No		
Have you ever received ass	istance from the Vocational Educ	ation Program?		Yes No		
Have you ever been convicted of a felony?						

### Education

		Elementary	High School	College /Vocational Education			
School Name							
Location (City & State)	1						
Years Completed (Circle)		1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16			
Received Diploma If Yes Circle			Yes No Date Received:	Yes No Date Received:			
		Work Ex	perience				
		Reason for Leaving:					
Employer Name & Add	ress		Job Position:				
		17.07.100000-1					
Date Employed	to	Reason for Leaving:					
Employer Name & Add	ress		Job Position:				
Duties:							
Date Employed	to	Reason for Leaving:					
the school and to the beseligible for other training those funds for the purpower vocational Education Previous Privacy ACT AND In The authority for solic	the school at of my abit of my abit of my abit of the succession of the school of the	indicated on this application and agrillity will satisfactorily complete the school for authorize the school to release sconnel.  (Initial after reading)  ORK REDUCATION ACT STAT	required course which I have seluded when computing my fina grades, attendance reports, and EMENT:	ations and attendance requirements of elected. I understand that if I am notial aid package and I agree to use income verification information to the (70 Stat. 986) as amended by P.L. 88-230			
<ul> <li>(77 stat. 471, 25 U.S.C</li> <li>Disclosure of the request.</li> <li>The purpose of this interpretation.</li> <li>After completion of transplayers who are conbackground informatics.</li> <li>Failure to provide request.</li> </ul>	C. 309). ested information cost information cost information aining, or if insidering your and by the instead information astatement.	nation by the applicant is voluntary, but a plection is to determine your eligibility in is by the Vocational Education Program this application is for Direct Employment of the employment. The application will ose people involved in financial control nation may result in a delay or denial in the employment. I hereby provide the required	required to obtain benefit. for services.  n employee's to evaluate your request, parts or all of the information in be used in a routine manner by cowho need budgeting information creceiving training or job placemen	nest and to assist you during your training., a your application will be provided to unselors working with you who need contained in the application.			
	Applicar	nt'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:\_\_\_\_\_\_