

TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Sky People Higher Education Office will be so used or repayment will be made to the Sky People Higher Education Program. I understand that if I am eligible for other training funds, such as the Pell Grant, etc., this will be included. I authorize the school to release grade, attendance and income information to the Sky People Higher Education Program personnel.

Applicant's Signature _____ Date _____

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. The authority for education 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 Sky People and school counselors to evaluate your request and to assist you before and 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 _____

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FOR SKY PEOPLE USE/AGENCY USE

I certify that _____ is _____ degree of

Indian Blood, member of the _____ tribe and is / is not eligible for training or employment assistance services. See Certificate of Indian Blood attached to application.

Recommended by: _____ Approved: _____

Title: _____

If Required, Area Action taken: Approved: _____ Disapproved: _____ Date: _____

Sky People Higher Education Board Meeting Date _____

Sky People Higher Education Funding Amount _____