



**GRANTS - continued**

**Technical Supplies Assistance Grant – High school students only**

Assists with the purchasing of supplies and other training-related expenses (other expenses do not include transportation costs, room and board expenses, equipment or computers). See *Technical Supplies Assistance Grant* above for specific details on amount of award and requirements.

**Second Chance Option**

An applicant who qualifies will receive 75% of the award amount for which he/she is eligible through the TVT program. An applicant will be required to turn in all documents required for the TVT grants along with a one-page essay. The essay must demonstrate maturity and the ability to succeed academically and explain the applicant's activities during his/her time away from post-secondary education. Examples of activities include, but are not limited to: success at another higher education institution, volunteer service, full-time employment and honorable military service.



**the  
Chickasaw Nation  
Division of Education**

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**Bill Anoatubby  
Governor**

## Career Technology and Training Development Grants Application

Chickasaw students who wish to be considered for grants from the Chickasaw Nation should complete an application. All documentation listed below must be received in the education services office before students attend school. Documents should be delivered via U.S. Mail or in person. **Applications and documentation can no longer be submitted by fax.**

- Career Technology and Training Development Grants Application.*
- TVT Training Cost Worksheet (completed by training facility for TVT Grant applicants only). The training cost worksheet does not serve as an invoice.
- License and Certification Assistance Grant applicants only – If seeking reimbursement** - a copy of the certification received, an original receipt with the name and contact information of vendor that shows amount paid. **If seeking pre-payment** – an original invoice generated by the testing facility which includes an itemized list of the associated costs.
- Technical Supplies Assistance Grant applicants only – If currently in training** – a letter from instructor verifying active attendance, or **if graduated** a copy of certificate for which supplies are being requested. **If seeking reimbursement** - an original receipt with the vendor's name and contact information that shows amount paid. **If seeking pre-payment** – an original invoice generated by the vendor which includes an itemized list of the associated costs.
- Invoice from training facility which itemizes all program costs. Student is responsible for obtaining the invoice from the training facility.

Name of training facility you are attending: \_\_\_\_\_

Field of study: \_\_\_\_\_

**Student Contract** – By signing the application, I declare that I have read and do understand the Chickasaw Nation *Career Technology and Training Development Grants Program* concerning the Tribal Vo-tech Program as it is related to funding students who are attending certification programs. I also understand that these policies are not all encompassing and may be changed as needed to assist Chickasaw students in a better way. The Chickasaw Nation *Career Technology and Training Development Grants Program* policy can be found at: [www://mynation.chickasaw.net](http://www://mynation.chickasaw.net)

By signing below, you certify you meet the above stated qualifications	
Student signature:	Date:

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**NOTICE:** For license and certification assistance and technical supplies assistance grants - All **pre-payments** will be made payable to the vendor and then mailed to the student to process with his/her registration. For pre-payments, the application must be submitted two to three weeks before the registration deadline to allow adequate time to process application. Late fees are not eligible for reimbursement.

**All awards** will be mailed to the address provided on this application. The Chickasaw Nation Education Services Department cannot replace lost or stolen payments once delivery has been made to the address listed above. We recommend that students use their permanent address rather than a campus address.

**Incomplete applications will not be processed.**

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The Chickasaw Nation Education Services Department and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.



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**Career Technology and Training Development Grants Application  
Tribal Vocational-Technical Training Cost Worksheet**

Students enrolled in programs in which the training facility bills according to quarter or semester systems must have the training facility complete a new training cost worksheet prior to their next quarter or semester beginning. Please submit the training cost worksheet and an invoice in adequate time for the education services approval process.

Student: \_\_\_\_\_

**Applicant:** Please visit the training facility that you plan to attend and have the financial aid office complete this worksheet. Submit completed training cost worksheet with your application. The training cost worksheet does not serve as a required invoice. Full-time students must apply for federal financial aid through the training facility that he or she will be attending. Funding through this program is for certification only. Degree seeking courses must be funded through the higher education program.

Field of study: \_\_\_\_\_  F/T  P/T

Name of training facility: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone no.: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ (required)

Facility contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (required)

Facility contact person's email address: \_\_\_\_\_

Start date: \_\_\_\_\_ (required) Completion date: \_\_\_\_\_ (required)

Total number of training/clock hours to be completed: \_\_\_\_\_ (required)

Program cost:

Tuition \_\_\_\_\_

Books \_\_\_\_\_

Supplies \_\_\_\_\_  
 (includes 1 uniform per certification)

Fees \_\_\_\_\_  
 (includes background checks and fingerprinting)

Other \_\_\_\_\_  
 (does not include living expenses, transportation costs, equipment or computers)



- First Quarter
- Second Quarter
- Third Quarter
- Fourth Quarter
- Spring
- Fall
- Other

Total program cost: \_\_\_\_\_

Signature of school official  
(required)

\_\_\_\_\_ Date

Less Pell Grant: \_\_\_\_\_

Less other grant/scholarship:  
(Please do not include loans)

Student unmet need: \_\_\_\_\_

**For Office Use Only:**

TVT Clothing Grant: \_\_\_\_\_

TVT payment approved: \_\_\_\_\_

License and Certification Assistance Grant: \_\_\_\_\_

Technical Supplies Assistance Grant: \_\_\_\_\_



## Student Authorization for Disclosure of Information in Education Records

**RETURN COMPLETED FORM TO:**  
**The Chickasaw Nation**  
**Department of Education Services**  
**Career Technology and Training**  
**Development**  
**300 Rosedale Road / Ada, OK 74820**

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended.

**Instructions:**

To authorize the Chickasaw Nation Career Technology and Training Development Program to obtain your educational information and to authorize the Chickasaw Nation Department of Education Services to release your educational information to individuals or the college/university you are attending, please:

- 1) Fill out all appropriate fields on this form; and
- 2) Hand-deliver or mail the form to the address above.

**Note:** Forms will not be accepted without a signature.

<b>First Name:</b>	
<b>Middle Name:</b>	
<b>Last Name:</b>	
<b>DOB:</b>	

Please enter the name of the organization(s) or individuals to whom the authorization is given or revoked. You may enter more than one name. Enter only ONE name per space.

Organization authorized			
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked

Individual authorized	DOB	SSN	
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked

**Authorization:**

I hereby authorize the Chickasaw Nation Career Technology and Training Development Program to disclose my educational record(s) to the above-mentioned college/university or individuals:

\_\_\_\_\_  
 Student's signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's signature (if applicable)

\_\_\_\_\_  
 Date

**Authorization:**

I hereby authorize the \_\_\_\_\_, to disclose my educational record(s) to the above-mentioned Chickasaw Nation Career Technology and Training Development Program:

Name of educational institution

\_\_\_\_\_  
 Student's signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent's signature (if applicable)

\_\_\_\_\_  
 Date