



Choctaw Nation of Oklahoma

Career Development Program

P.O. Box 1210

Durant, OK 74702

866-933-2260 580-920-2260 Fax: 580-920-1514

Dear Applicant:

The Choctaw Nation's Career Development Program is pleased to receive your inquiry regarding services and/or financial assistance. An Application, Statement of Understanding, and Financial Needs Analysis are enclosed. Complete the application and return it, along with any documents requested. If the application packet is incomplete, it cannot be processed.

An **X** means we need the information. We look forward to working with you to meet your career goals. Once you send in a completed application packet, we can begin to assess your needs.

X Application for Career Development Services

X **Tribal Membership Card** and Certificate of Degree of Indian Blood -- Copies Only

X Financial Needs Analysis Form (FNA). The enclosed form must be completed by the Financial Aid Office at the school you plan to attend after you have completed your FAFSA application. You will need to follow up with our offices to verify receipt of the FNA.

X Signed Statement of Understanding for Career Development Services

X Completed W-9 Form

X Copy of Social Security Card

Should you have any questions, feel free to contact the Career Development office at the number listed.

Sincerely,

Career Counselor
Choctaw Nation of Oklahoma



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Application for Career Development Services

To complete this application you must attach a copy of Tribal Membership

PERSONAL INFORMATION Complete all pages - please print.

Date of Application: _____

Legal Name: _____
 (Last) (First) (MI) (Maiden Name)

Mailing Address: _____
 (Street)

 (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

DOB: _____ SEX: Male Female Age: _____ SS#: _____

Marital Status: Married Single Widowed Divorced Separated

What are your Career/Educational goals?

Current Household Income: \$ _____

Educational History

SCHOOL	NAME/LOCATION	DATES ATTENDED	DATE GRADUATED	DIPLOMA/MAJOR
HIGH SCHOOL				
COLLEGE				
TECHNICAL SCHOOL				

Special Skills or Certifications: _____

Employment History: (START WITH MOST CURRENT)

Employer Name/Address	Start Date	End Date	Final Wage/Hrs Per Week	Reason for Leaving

Are you participating in one or more of the following programs? Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Vocational Development | <input type="checkbox"/> Vocational Rehab | <input type="checkbox"/> Choctaw Nation Higher Ed |
| <input type="checkbox"/> WIA | <input type="checkbox"/> Displaced Homemaker | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Free or Reduced Lunch | <input type="checkbox"/> Food Stamps/Distribution | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Federal Financial Aid | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> LIHEAP | <input type="checkbox"/> Other _____ | |

Contact Information**Contact 1**

Name _____
Relationship to you _____
Home Phone _____
Work Phone _____
Cell Phone _____

Contact 2

Name _____
Relationship to you _____
Home Phone _____
Work Phone _____
Cell Phone _____

Career Development has permission to obtain information with the listed contacts. Initial: _____

Do you have a valid driver's license? _____ Yes _____ No

Are you currently default on a student loan or federal grant? _____ Yes _____ No

Are you a Veteran? _____ Yes _____ No

Do you know your credit score? _____ Yes _____ No

Do you own your home? _____ Yes _____ No

Have you been convicted of a felony? _____ Yes _____ No

Do you have reliable transportation to school and/or work? _____ Yes _____ No

Do you have any barriers that would prevent you from completing training or obtaining employment?

Admissions Agreement:

I certify that all of the information given here is complete and correct to the best of my knowledge. I understand that submission of false information or academic records is grounds for denial of admission or immediate suspension. I agree to submit all required credentials, including those specifically mentioned, and that failure to do so may result in my being denied admission.

I further agree that upon admission to the Choctaw Nation Career Development Program, it is my responsibility to read the Career Development Program's guidelines and abide by its rules and regulations regarding conduct and other obligations which have been made by properly constituted authorities.

Adult Model Release and Consent to Use Name and Picture

I, _____, _____ do _____ do not give permission to use my name and photograph or photographs for advertising and promotional purpose in the interest of the Choctaw Nation Career Development Program, and/or its designates. I understand that this consent extends to photographs and electronic images of myself, which may be used in printed materials, television and video productions, web sites, CD ROMs or other technologies. Any use of my image will relate to the Career Development Program only. I also understand that I will receive no compensation for use of my picture and/or name.

I HAVE READ, DO UNDERSTAND, AND WILL ABIDE BY ALL OF THE POLICIES IN THIS APPLICATION.

Applicant's Signature

Today's Date

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED; ALL INFORMATION REQUESTED MUST BE PROVIDED WITH THIS APPLICATION

How did you hear about the Choctaw Nation Career Development Program? Check all that apply:

_____ Referral from other CN program _____ Word of Mouth _____ Relative
_____ Brochure _____ Website _____ Newspaper
_____ Television _____ School _____ Radio
_____ Other _____



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Financial Needs Analysis (FNA)

PART I - TO BE COMPLETED BY THE STUDENT

Student Name: _____ Maiden Name: _____

Address: _____

Phone Number: _____ Social Security #: _____

Assistance Requested for: Summer Fall Spring

I grant permission to _____ to release information stated below to the Career Development Center of Choctaw Nation of Oklahoma. Signature: _____

PART II - TO BE COMPLETED BY THE FINANCIAL AID OFFICER

SCHOOL EXPENSES:

Tuition _____
Fees _____
Books _____
Supplies _____
Room & Board _____
Dependency _____
Allowance _____
Transportation _____
Personal Exp. _____
Loan Fees _____
Other _____

STUDENT RESOURCES:

Family Contribution _____
Student Contribution _____
Veteran's Benefits _____
Social Security _____
Voc. Rehabilitation _____
Fellowships _____
IHS Grants _____
State Indian _____
Scholarship _____
Other _____

AWARDS:

PELL _____
SEOG _____
Work Study _____
Perkins _____
GSL/Stafford _____
Unsub. Stafford _____
Tuition Waiver _____
State Tuition Grant _____
Univ. Scholarship _____
Off Campus - _____
Direct Loan _____
Incentive _____
PLUS _____
Other _____

Total Expenses _____ **Total Resources** _____ **Total Awards** _____

Total Expenses - Total Resources = Total Financial Need

Total Financial Need - Total Awards = Unmet Need

Classification: _____ Part-Time Student: _____ Full-Time Student

Type of Training: _____ Completion Date: _____ Certification: _____

This student aid package is consistent in type and amount with packages prepared for students in similar circumstances who are not eligible for a BIA education grant.

FINANCIAL AID OFFICER:

Signature: _____

Date: _____

INSTITUTION:

Name: _____

Address: _____

Phone: _____



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Statement of Understanding

The following guidelines have been developed to ensure that your needs are met, according to the policies of the Choctaw Nation's Career Development Program.

I, _____, agree to the following guidelines for services and/or financial assistance available to me.

1. I will provide proof of Choctaw Tribal Membership.
2. I will participate in career and academic assessment testing.
3. I understand that I should apply for any and all Federal Financial Aid as an additional source of funding for training costs. (www.fafsa.ed.gov)
4. I understand that attendance to any training facility is the key to successful completion. I agree that I will meet or exceed the training facilities' attendance policies and understand that if I fall below attendance requirements, my financial assistance from the Career Development Program will be terminated.
5. I understand that satisfactory progress (2.0 GPA) of any training program must be maintained in order to continue financial assistance from the Career Development Program. I will seek assistance if my grades fall below satisfactory progress from either my training facility or from the Career Development Center.
6. I will provide class schedules and regular grade and attendance reports to the Career Development Center to remain eligible for financial assistance.
7. I will provide school transcripts if necessary.
8. I will develop an Individualized "program of study" with my Career Counselor, if necessary.
9. I understand that once I have received training/certifications, I will use my skills to actively seek employment. I also understand that I can utilize job placement services available at the Career Development Center.
10. I understand that I will be ineligible for future Pell or Career Development assistance if I **drop or fail to complete** my training program.

I understand that if any of the mentioned guidelines have not been met, I will forfeit any financial assistance from the Choctaw Nation Career Development Program.

Applicant's Signature

Date

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,