



**Sac and Fox Nation of Missouri
In Kansas and Nebraska
Tribal Programs * Tribal Museum**
305 North Main Street * Reserve, KS 66434
Phone (785) 742-0053 ext. 21 * Fax: (785) 742-7307

ADULT EDUCATION PROGRAM

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

APPLICATION REQUIREMENTS FOR ADULT EDUCATION ASSISTANCE PROGRAM

1. Completed application. Must have all the blanks filled in. Please print legibly.
2. Personal Letter. Your personal letter must be written in ink, must state why you have chosen this particular field, and your objectives after completion.

Address your letter to:

Sac and Fox Nation of Missouri
c/o Education Coordinator
305 N. Main
Reserve, KS 66434

3. A certificate of Degree of Indian Blood – a copy of Tribal identification or Certification of Enrollment form as issued by the Tribe.
4. Verification of class/classes (GED, workshop or conferences, and showing when it will be held, subject and duration.)
5. Bill statement from class/classes (GED, workshop or conferences, and showing tuition, books, software, and anything related during duration.)



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GENERAL INFORMATION:

Name: _____
 Last First M.I. Maiden

Social Security # _____ - _____ - _____

Address: _____ Telephone #: _____
 Street

_____ City State Zip Code

Email Address: _____

Date of Birth: _____ Sex _____ Marital Status: _____ Single _____ Married _____ Divorced _____ Separated

No. of Dependents _____ Veteran: _____ Yes _____ No State of Residency: _____

HIGH SCHOOL INFORMATION:

Type of High School: _____ BIA _____ Tribal _____ Private _____ Mission _____ Public _____ GED

Graduation/GED Date _____

SCHOOL INFORMATION AREA OF INTEREST:

APPLICATION REQUEST: 20 _____

Name of workshop, training, classes applying for: _____

Address of Institution: _____

_____ City State Zip Code

Dates of workshop, training, classes applying for: _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under the Sac and Fox Nation of Missouri's Adult Education Assistance Program solely for the expenses connected with attendance at:

(NAME) Workshop, training, classes: _____

I hereby certify that the information on the previous page is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial assistance. I request that any Education Assistance awarded to me be mailed to me in care of the agency/institution providing the workshop, training, classes. I will provide a copy of my grades or transcript to the Sac and Fox Education Department at the end of each academic term.

Signature of Student: _____ Date: _____