

Hoopa Tribal Education Association
P.O. Box 428 • Hoopa, CA 95546-0428 • (530) 625-4413
hoopaeducation@gmail.com Fax (530) 625-5444



Hoopa Valley Tribe

**U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

ADULT VOCATIONAL TRAINING AND EMPLOYMENT ASSISTANCE

**INSTRUCTIONS TO COMPLETE APPLICATION FOR
ADULT VOCATIONAL TRAINING or EMPLOYMENT ASSISTANCE**

1. Apply for admission to training program or school.
2. Complete the Free Application for Federal Student Aid (FAFSA).
3. Complete the Adult Vocational Training and Employment Assistance Application, sign and return to the Hoopa Tribal Education Office at the above address.
4. Submit your most recent grade report or transcript (High School Transcript for new students; grade report for continuing students.)
5. Letter from you stating your vocational goals and include an itemized list and expenses for services requested.

Applications also available at hoopa-nsn.gov. Email us at hoopaeducation@gmail.com

**U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

APPLICATION FOR ADULT VOCATIONAL TRAINING AND EMPLOYMENT ASSISTANCE

Hoopla Tribal Education Association

47 Orchard Street

PO Box 428

Hoopla, CA 95546

530.625.4413 FAX 530.625.5444

NAME: _____ Date of Birth: _____

Address: _____

Email: _____

SS#: _____

Telephone Number: _____ Marital Status: Single _____ Married _____

Applying for: Adult Vocational Training: _____ Employment Assistance: _____

Veteran: Yes/No

EMERGENCY CONTACT: _____

Address: _____

TELEPHONE NUMBER: _____

Type of training or employment you are interested in: _____

Do you have any physical limitations? _____ If Yes, explain _____

Have you had previous training? _____ If yes, explain: _____

Training or Employment Location Desired: _____

For Training: Course Number and Title: _____

School and Address: _____

Do you have income from any other source? _____ If Yes, explain _____

EMPLOYMENT RECORD: (List your three most important periods of employment)

From: _____ To: _____ Employer Name and Address: _____

Reason for leaving: _____

Description of Duties: _____

From: _____ To: _____ Employer Name and Address: _____

Reason for leaving: _____

Description of Duties: _____

From: _____ To: _____ Employer Name and Address: _____

Reason for leaving: _____

Description of Duties: _____

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ADULT VOCATIONAL TRAINING AND EMPLOYMENT ASSISTANCE

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 that I have selected. I further agree that the funds issued me for training purposes by the Hoopa Valley Tribe will be used or repayment will be made to the Hoopa Valley Tribe. I authorize the school to release grade, attendance, and income information to Hoopa Valley Tribe personnel. _____ (initial)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. The authority for solicitation 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 Hoopa Valley Tribe 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 signature

Date

Interviewer signature

Date

I give my consent for my name, tribal affiliation, and academic achievements to be used in any Hoopa Tribal Education Association public relations announcements and newsletters. _____ Please initial here.

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Hoop Valley Tribe

PAY BACK POLICY

Upon approval of an award for an Adult Vocational Training and Employment Assistance Award, the recipient agrees to the following conditions:

1. If the student does not comply with the requirements specified under the Policy governing Adult Vocational Training and Employment Assistance Awards the student will be required to pay back the amount of the award received.
2. Conditions requiring a pay back are based on:
 - Failure to attend class(es).
 - Failure to complete at least 50% of the classes.
3. The student agrees to pay back the award amount through cash payment, salary deduction, or per capita deduction.

This contract shall constitute a legally binding agreement between the parties and may be enforced as a debt in accordance with the Hoopa Valley Tribe's Debt Collection Ordinance. This Agreement applies to any award received by the Student in this, or any subsequent academic year, through the Tribal Grant and Scholarship Program, Higher Education Program, or Adult Vocational Training and Employment Assistance Program.

I understand I will allow up to ten (10) days to receive my award once check request has been submitted to the fiscal office and I am not call or visit the fiscal office to check on the status of my award.

Student signature

Date

Authorized official signature

Date