



**Adult Vocational Training Program
Application**

Last Name: _____ First Name: _____ MI: _____

Address: _____
P.O. Box/Street Address City State Zip Code

Social Security #: _____ Age: _____ Birthdate: _____

Phone #: _____ Message #: _____ Email: _____

Hopi Tribal Enrollment #: _____ Gender: Male Female

Marital Status: Single: Married: Divorced/Separated: Widowed:

Selective Service Registration #: *(For males 18-26 years of age.)* _____

Veteran Status: More than 180 days Less than 180 days No

Do you acknowledge Disability? Yes No

EDUCATIONAL DATA

High School Attended: _____

Month/Year Graduated: _____ If not a graduate, highest grade completed: _____

GED Month/Year Obtained: _____ Testing Site: _____

Name of College/University attended *(Most Recent)*: _____

Year Graduated: _____ Type of Degree earned: _____ Major: _____

Name of Vocational Training attended *(most recent)*: _____

Date Completed: _____ Certificate: _____ Diploma: _____

Are you currently enrolled in any school/training institution? Yes No

If yes, Name and address of school attending: _____

Have you previously applied to any of our programs? *(If yes, which programs and year?)* Yes No

Adult Vocational training Program (AVTP) _____ Grants & Scholarship Program (HTGSP) _____

Workforce Innovation Opportunity Act Program (WIOA) _____

Hopi Vocational Rehabilitation Program _____

Employment Data

Employment Status: Employed Unemployed Underemployed Self-Employed

Unemployment Status: Claimant Exhausted Neither

Seeking Employment: Yes No

Work History: List most recent employment (*Attach additional work history*)

Employer: _____ Job Title: _____

Address: _____ Employed From: _____ To: _____

Job Duties: _____

Hourly Wage: _____ Reason for leaving: _____

INCOME DATA

Does your family receive any of the following? (*If yes, please check what type*)

TANF (Cash Assistance) Social Security

SNAP (Supplemental Nutrition Assistant Program) Child Support

General Assistance (GA) Alimony Jobs Program Participant (JOBS)

IN CASE OF AN EMERGENCY, PLEASE CONTACT

Name: _____ Relationship to you: _____

Address: _____ Phone #: _____

By my signature, I certify the information provided is true and best of my knowledge and that all programs under The Hopi Tribe Higher Education & Workforce Developmental Programs shall have access to this information for program related purposes.

Signature of Applicant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If Applicant is under the age of 18)