



# COLORADO RIVER INDIAN TRIBES

## Career Development Office

26600 MOHAVE ROAD

PARKER, ARIZONA 85344

(928) 669-5548 • 800-809-6207 • Fax (928) 669-5570

[www.crit-nsn.gov](http://www.crit-nsn.gov)

### ADULT VOCATIONAL TRAINING (AVT) PROGRAM

*Congratulations on your decision to continue your education! The Colorado River Indian Tribes funds eligible students, through Tribal and Bureau of Indian (BIA) funds, who are pursuing a Certificate, Diploma, an Associates of Applied Science (AAS) degree at an accredited Vocational Training facility.*

*The purpose of the Career Development Office is serve eligible CRIT Tribal members and provides them the opportunity to achieve their educational goals. This opportunity is provided as a privilege with the intent that the recipient, upon graduation, will return and apply their learning to benefit the continuing development of the Colorado River Indian Tribes.*

*The Program shall not exceed two (2) years (24 months) except for Nursing, which shall not exceed three (3) years (36 months).*

#### **DEADLINE DATES:**

If deadline falls on Saturday, deadline will be Friday before deadline, or if Sunday, deadline will be Monday:

FALL SEMESTER                      JUNE 30 by 5:00 pm

SPRING SEMESTER                      OCTOBER 30 by 5:00 pm

**START DATES MUST BE CONCURRENT WITH SPECIFIED DEADLINE DATES. APPLICANT WILL BE RESPONSIBLE FOR ANY CHARGES INCURRED PRIOR TO APPROVAL OF FUNDS.**

#### **GENERAL ELIGIBILITY:**

1. Be an enrolled member of the Colorado River Indian Tribes.
2. Be a high school graduate with a 2.25 cumulative Grade Point Average (GPA), or earned a GED certificate with a 45% composite score.
3. Be admitted and enrolled at an accredited Vocational Training facility.
4. Apply for all available funding sources (Pell Grant, SSIG, etc.)
5. Be pursuing a Certificate, Diploma, or Associates of Applied Science degree.

**RESPONSIBILITY OF APPLICANT:**

- A. Complete, sign, and submit a new application for each academic year, including physical exam and updated immunization records for new applicants.
- B. Request high school or GED scores for the Career Development Office. A transcript bearing a raised seal and or printed on tamper-proof security paper from the Institution will be verified as official. **Photocopies will not be accepted.**
- C. First year students and/or transfer students must submit a copy of Acceptance letter from Institution. Class schedule or billing letter will not suffice.
- D. **\*\*\*VERY IMPORTANT – ANY QUESTIONS PLEASE ASK\*\*\***

Submit a copy of the **Student Aid Report (SAR) or Electronic Student Aid Report (ESAR)**. **\*\*You must fill out a “Free Application for Federal Student Aid” (FAFSA)**. After submitting FAFSA, you will receive SAR in approximately 4-6 weeks via mail or email. In comes case the Financial Aid Office will also require a copy of your (parents) 1040 tax forms for **“Verification” process**, if indicated by \* behind EFC on SAR.

- E. Submit a Financial Aid Needs Analysis (FANA) form to the Institution’s Financial Aid Office.
- F. Submit a Certificate of Indian Blood (CIB), copy of Tribal ID card issued by Tribal Enrollment Office, or BIA Preference form. Enrollment Office is (928) 669-1240.

**No application will be processed until ALL required documents have been received by the Career Development Office. It is the student’s responsibility to make inquiry regarding application and verifying that the required documents have been received.**

**Completed applications are forwarded to Education Committee and Tribal Council for consideration of approval 2-3 weeks after deadline.**

For more information regarding the Adult Vocational Training (AVT) Program, contact us at (928) 669-5548 or toll free 1-800-809-6207, fax (928) 669-5570, or by email.



# APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

<b>INFORMATION RECORD</b> Name (Last, First, Middle Initial) _____	Mailing Address: _____	Date of Birth: _____
	E-mail Address: _____ Telephone No. _____	CRIT Tribal Member: Y ___ N ___ Social Sec. # _____

Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Number of Dependents _____ Children in School _____
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Applying for- Vocational Training _____ Direct Employment _____	Request: 1st _____ 2nd _____ 3rd _____	Agency: Pima (unless noted) Area: Colorado River (unless noted)	In case of Emergency: Name: _____ Addr.: _____ Phone: _____
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Education:  
 Highest Grade Completed: \_\_\_\_\_ Schools attended and Date: \_\_\_\_\_

Type of training or employment you are interested in: \_\_\_\_\_

Do you have any physical limitations that would interfere with your training or employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had previous training? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

Training or Employment Location desired: \_\_\_\_\_  
 For Training:  
 Program Title: \_\_\_\_\_  
 School and Address: \_\_\_\_\_

Do you have income from any source? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

**EMPLOYMENT RECORD:** (List your three (3) most important periods of employment)

From: \_\_\_\_\_ to: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:**

I hereby apply to attend to the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school, and will, to the best of my ability, satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes for the Bureau of Indian Affairs (BIA) will be so used or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, such as Supplemental Educational Opportunity Grants (SEOG), Pell Grant, etc., this will be included when computing my financial aid package, and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance, and income information to the Colorado River Indian Tribes (C.R.I.T.) Career Development Office. \_\_\_\_\_ (Initials)

**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 the BIA and the Career Development Office 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 routing 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 required 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 in the statement.

\_\_\_\_\_  
(Applicant Signature) (Date)

\_\_\_\_\_  
(Interviewer Signature) (Date)

**CERTIFICATION OF REVIEWING OFFICIAL:**

I certify that the applicant \_\_\_\_\_ eligible for \_\_\_\_\_ and \_\_\_\_\_  
is/is not Indicate Service is/is not  
in need of \_\_\_\_\_ financial assistance as authorized under 25 CFR, Parts 26 and 27.  
Partial/Full

\_\_\_\_\_  
Reviewing Official

\_\_\_\_\_  
Date



# IMMUNIZATION AND SENSITIVITY RECORD

I have read or have had explained to me the information contained in the Important Information Statement(s) or Vaccine Information Pamphlet(s) about the disease(s) and the vaccine(s) noted next to my signature below or on the reverse side. I have had the opportunity to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated on this form be given to me or the person named on this health record for whom I am authorized to make this request.

Vaccine	Date of Signature	Signature of Person to Receive Vaccine or Person Authorized to Make Request	Age at Vaccination	Manufacturer and Lot No.	Vaccination Date	Vaccination Site	Form No. and Date	Signature and Title of Provider
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**TP or DT — under 7 years (Circle type)**

1	DTP DT							
2	DTP DT							
	DTP DT							
	DTP DT							
	DTP DT							

**— 7 years and older**


**TV IPV — under 18 years (Circle type)**

TOPV IPV								
TOPV IPV								
TOPV IPV								
TOPV IPV								
TOPV IPV								

**Conjugate — under 6 years (Indicate type: PED = Pedvax, HIBT = Hibtiter, Pro = Prohibit)**


**— 15 months and older (under 15 months in special circumstances)**


**antigen Measles, Mumps, Rubella — 15 months and older (Indicate type)**


**IDENTIFICATION**

IHS/Tribal Facility Address

Vaccins	Date of Signature	Signature of Person to Receive Vaccine or Person Authorized to Make Request	Age at Vaccination	Manufacturer and Lot No.	Vaccination Date	Vaccination Site	Form No. and Date	Signature and Title of Provider
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<b>HEPATITIS B - HBIG</b>								

<b>HEPATITIS B (includes dose)</b>								
#1								
#2								
#3								

<b>INFLUENZA</b>								

<b>NEUMOCOCCAL</b>								

<b>THERS</b>								

Date Given	Signature of Provider	Date Read	Results	Signature of Provider	Date Given	Signature of Provider	Date Read	Results	Signature of Provider
<b>BERCULIN TEST</b>									
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	
			mm					mm	

<b>OTHER SENSITIVITY TEST (Cocci, etc.)</b>									



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### FERPA FORM FOR STUDENT'S CONSENT TO RELEASE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of aspects of a student's educational record that are not considered 'directory' information. Educational records are considered confidential and will not be released without written consent from the student, except to the extent that FERPA authorizes disclosure without consent. For this reason, it is necessary for the Career Development Office to obtain permission *from* a student in order to release academic information not excluded by FERPA laws.

In accordance with the Federal Education Rights and Privacy Act (FERPA) of 1974, I, \_\_\_\_\_ (please print full name) the undersigned, authorize the release of any academic information to the person(s) listed below. This includes, but is not limited to class schedule, name of instructors, grades and courses I have selected for the upcoming semester. The Colorado River Indian Tribes Career Development office must still abide by the Federal Educational Rights and Privacy Act of 1974 (FERPA) as to all other requests for student information. **This form will expire on the last day of the current academic year. Annual renewal is required to release academic information to the person(s) specified below.**

Name: Colorado River Indian Tribes- Career Development Office, 26600 Mohave Road, Parker AZ 85344

I certify that I have read and understand the Consent for Student Release of Information form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student ID Number    Date

Please return one copy to Career Development office. Retain a copy for your records.

**Colorado River Indian Tribes**

**Career Development Office**

**26600 Mohave Road**

**Parker, AZ 85344**

**(928) 669-5548**

**(928) 669-5570 fax**



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### **Career Development Office Repayment Policy**

To be initialed by applicant:

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 will, to the best of my ability, satisfactorily complete the courses that I have selected.

I further agree that the funds issued to me for educational purposes from the Colorado River Indian Tribes, will be so used or repayment will be made back to the Colorado River Indian Tribes – Career Development office. (Refer to the website, [www.crit-nsn.gov](http://www.crit-nsn.gov), Education Code Section 8-4502, “Repayment of Funds”).

I understand that if I am eligible for other funds, such as Supplemental Educational Opportunity Grants (SEOG), Pell Grants, etc., this will be included when computing my financial aid package, and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income verification to the Colorado River Indian Tribes (C.R.I.T.) Career Development Office. I also understand that I am responsible for following all the rules and regulations regarding the grants and scholarship program. \_\_\_\_\_ (initial).

\*\*\*LOANS\*\*\* I also understand that accepting any student loan is discouraged. If I do accept a loan, my tribal scholarship award must be reduced by the amount of my loan and returned to the Tribes. I am aware that if I have accepted a loan, I will be held responsible for full payment. I cannot hold the Colorado River Indian Tribes responsible for any payments. \_\_\_\_\_ (initial).

I have read the above statement listed with the application form. I hereby acknowledge consent and provide the required information and authorize the use of such information to the extent of the use specified in the statement.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date



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### FINANCIAL AID NEEDS ANALYSIS (FANA)

This form is to be completed by Financial Aid Officer

Student Name: \_\_\_\_\_ Student's Major/Program: \_\_\_\_\_

Student's Social #/Student ID: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Academic Level:  Freshman  Sophomore  Junior  Senior  Graduate

Please do not complete until the student's financial aid file is complete. Undergraduate students are required to file a "Free Application for Federal Student Aid" (FASFA) each academic year. **ESTIMATES WILL NOT BE ACCEPTED.**

### PLEASE COMPLETE ENTIRE FORM - PLEASE DO NOT LEAVE ANY BLANK AREAS

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE IMMEDIATELY

#### SCHOOL EXPENSES:

Tuition (\$ \_\_\_\_\_ per credit) \_\_\_\_\_  
Books/Supplies \_\_\_\_\_  
Room & Board \_\_\_\_\_  
Transportation \_\_\_\_\_  
Personal \_\_\_\_\_  
Child Care \_\_\_\_\_  
TOTAL EXPENSES \_\_\_\_\_

#### RESOURCES:

Parent Contribution \_\_\_\_\_  
Student Contribution \_\_\_\_\_  
Veteran's Benefits \_\_\_\_\_  
Scholarship: \_\_\_\_\_  
Tuition Grant \_\_\_\_\_  
Loans: \_\_\_\_\_

*Student Loans will be deducted from Tribal Awards*

#### FEDERAL AID:

Pell Grant \_\_\_\_\_  
SEOG \_\_\_\_\_  
SSIG \_\_\_\_\_  
Academic Competitiveness Grant (ACG) \_\_\_\_\_  
TOTAL FEDERAL AID \_\_\_\_\_

#### TOTAL RESOURCES

- ( ) Student suspended from campus-based aid for failure to maintain satisfactory progress.  
( ) Student in default or owes on Title V funds.

#### TOTAL UNMET NEED

Please indicate dates for recommended award (fill in term cycle/dates/semester/quarters AND amounts):

\_\_\_\_\_ \$ \_\_\_\_\_ \$  
(Terms/Dates) (Terms/Dates)  
\_\_\_\_\_ \$ \_\_\_\_\_ \$  
(Terms/Dates) (Terms/Dates)

Financial Aid Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

PLEASE RETURN TO C.R.I.T. CAREER DEVELOPMENT OFFICE BY SPECIFIED DEADLINE:

*This form can be faxed to our office at (928) 669-5570*

Fall/Winter/Spring  
Winter/Spring ONLY

JUNE 30th by 5:00 pm MST  
OCTOBER 30th by 5:00 pm MST



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### AUTHORIZATION FOR RELEASE OF INFORMATION

\_\_\_\_\_  
Name of Student (MAIDEN NAME)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

I hereby authorize \_\_\_\_\_

\_\_\_\_\_  
Name and address of last school attended

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

to release transcripts and any other information concerning the above named student to:

**COLORADO RIVER INDIAN TRIBES  
CAREER DEVELOPMENT OFFICE  
26600 MOHAVE ROAD  
PARKER ARIZONA 85344**

Now

After final grades are posted

\_\_\_\_\_  
Signature of parent, guardian, or student if over 18 years of age

Mailing address (Student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PO Box/Route

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**APPLICATION IS RESPONSIBLE FOR ANY FEE THAT IS NEEDED FOR TRANSCRIPT**