



## Adult Learning Program Application

The purpose of this program is to provide educational services to students who did not complete requirements to attain a high school diploma. The Chickasaw Nation Education Division agrees to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. Information contained within this application shall be considered confidential and shall not be disclosed to third parties without written consent of the applicant or as otherwise required by law.

**Applicant information:**

Name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
 Same as mailing Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_\_

Gender:  Male  Female Email address: \_\_\_\_\_

**Parent/legal guardian information (if applicable):**

Name: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
 Same as mailing Street City State ZIP

Home phone no.: (\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_) \_\_\_\_\_

Work phone no.: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Required for security purposes)

Email address: \_\_\_\_\_

**Program eligibility:**

Indicate eligibility category for which the applicant is seeking approval for program participation. All applicants must submit copy of photo ID.

Chickasaw  Chickasaw minor (age 16 or 17)  Chickasaw dependent

Other First American (please indicate tribal affiliation): \_\_\_\_\_  
\*Requires verification of enrollment in a federally recognized tribe

Referred for services (please indicate source of referral): \_\_\_\_\_

**Certification:**

I certify that the information provided on this form is true and correct.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian signature (if applicable)

\_\_\_\_\_  
Date

Return application to: The Chickasaw Nation  
Attn: Adult Learning Program  
300 Rosedale Road  
Ada, OK 74820  
Fax no.: (580) 310-9531  
Email address: [AdultLearning@Chickasaw.net](mailto:AdultLearning@Chickasaw.net)