



**the  
Chickasaw Nation  
Education Services**

300 Rosedale Road / Ada, OK 74820 / Phone (580) 421-7711  
 Website: <http://www.chickasaw.net/Services/Career-Technology-Program.aspx>

**Bill Anoatubby  
Governor**

**Career Technology Program Application  
Full-time Chickasaw Employees Option**

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

Address: \_\_\_\_\_  
Street City State County ZIP

Phone no.: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**NOTE:** All Chickasaw Nation correspondence will be sent to this email address. This will ensure a more efficient notification process regarding the status of your application. Students are responsible for checking their email regularly to guarantee receipt of correspondence.  **I do not have an email address. Please continue to issue all correspondence via U.S. Mail.**

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

The Chickasaw Nation Career Technology Program (CTP) is available to part-time and full-time Chickasaw students attending a state or nationally accredited career technology center, trade school or private licensed training facility, whereby graduating students receive a professional certification or license upon completion of their program. Eligibility is not income-based and students are not required to live within the boundaries of the Chickasaw Nation to qualify. The student must be 18 years of age (minors under the age of 18 will be considered on a case-by-case basis) and possess a Chickasaw Nation citizenship card. This program provides funding for professional certifications only. Students enrolled in degree-seeking courses must apply through the higher education program. The following is a list of grants that you may be considered eligible to receive.

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**GRANTS**

**Please read the description of each and check the box for which you wish to be considered.**

- Career Tech Program (CTP) Grant**  
 The amount of the CTP grant shall be based on the student's programs tuition and fee costs with \$3,000 being the maximum award amount per certification. An invoice or billing statement must be submitted to process any award amount. The student's federal and/or state financial aid award will be taken into consideration when processing the CTP Grant award amount. All students must submit a high school transcript, high school equivalency or college transcript; eligibility is not dependent on completion or grade point average. Application must be made before the student's course completion date to be eligible.
- Exam and Licensure Assistance Grant**  
 Provides assistance for licensing and certification exams or licensure fees. Students may be eligible for up to \$500 per exam or licensure fee. Awards may be dispersed as reimbursement or on a prepayment basis (if applicable to payee). Application must be made within six months of the student's receipt of payment.
  - 1. Prepayment:**
    - a. Application
    - b. Copy of exam registration or licensure
  - 2. Reimbursement**
    - a. Application
    - b. Receipt of payment
    - c. Copy of professional certification or license
- Text Book and Supplies Assistance Grant**  
 Provides assistance for required text books and supplies as determined by the student's program. The text book and supplies assistance grant is available once per certification. Chickasaw Nation employees may qualify for \$250. Awards may be dispersed as reimbursement or on a prepayment basis (if applicable to payee). Application must be submitted prior to the course completion date.



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**Career Technology Program Grants Application –  
Full-time Chickasaw Employees Option**

Student name: \_\_\_\_\_

Name of training facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Facility contact person: \_\_\_\_\_

Email: \_\_\_\_\_ Direct telephone number: \_\_\_\_\_

**License/Certification:** \_\_\_\_\_ Start date: \_\_\_\_\_

Completion date: \_\_\_\_\_

Total number of training/clock hours to be completed: \_\_\_\_\_

**Employee Division / Program Information:**

(Check appropriate box)

- Commerce             Health
- Headquarters         Community Services
- Subsidiaries of the Chickasaw Nation (e.g., Bank 2, Chickasaw Nation Industries, (CNI) etc.

**Please check the appropriate box for your coursework:**

- On-site     Online

**Please check the appropriate box for your program’s billing schedule:**

- First quarter     Second quarter     Third quarter     Fourth quarter
- Spring     Fall     Total Program

**Student Contract** – By signing below, I declare that I have read and understand the Chickasaw Nation Career Technology Program Student Handbook as it is related to funding students who are attending professional certification programs. The student handbook can be found at <http://www.chickasaw.net/Services/Career-Technology-Program.aspx>.

**NOTICE:** Funding will not be provided for an incomplete application.

All documentation listed below must be received in the career technology office prior to course completion date:

- Career technology program application Form no. 572E
- Invoice or billing statement from the training facility which itemizes all program costs
- High school transcript, high school equivalency or college transcript

\*Your leadership signatures required\*

\_\_\_\_\_  
Chickasaw Nation employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chickasaw Nation direct supervisor’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chickasaw Nation director’s, executive officer’s or secretary’s signature, as applicable

\_\_\_\_\_  
Date



## Student Authorization for Disclosure of Information in Education Records

**RETURN COMPLETED FORM TO:**  
**The Chickasaw Nation**  
**Education Services**  
**Career Technology Program**  
**300 Rosedale Road / Ada, OK 74820**

Pursuant to Family Educational Rights and Privacy Act of 1974, as amended.

**Purpose:**

To authorize the Chickasaw Nation Career Technology Program to obtain your educational information and to authorize the Chickasaw Nation Education Services to release your educational information to the training facility you are attending or to any individual listed below.

**Instructions:**

- 1) Fill out all appropriate fields on this form; and
- 2) Hand-deliver or mail the form to the address above.

**Note: Forms will not be accepted without a signature.**

<b>First name:</b>	
<b>Middle name:</b>	
<b>Last name:</b>	
<b>Name of school:</b>	

Please list individual(s) you authorize to receive any education record(s) on your behalf:

Name:		<input type="checkbox"/> given <input type="checkbox"/> revoked
Name:		<input type="checkbox"/> given <input type="checkbox"/> revoked
Name:		<input type="checkbox"/> given <input type="checkbox"/> revoked
Name:		<input type="checkbox"/> given <input type="checkbox"/> revoked

I understand the information may be released orally, electronically or in the form of copies of written records, as preferred by the requestor. This authorization will remain in effect from the date it is executed until revoked by me.

**Authorization:**

By signing below, I hereby authorize the Chickasaw Nation Career Technology Program to disclose my educational record(s) to the above-stated school or any individual I have listed above. I am also authorizing the school listed above to disclose my educational record(s) to the Chickasaw Nation Career Technology Program.

\_\_\_\_\_  
 Student's signature

\_\_\_\_\_  
 Date