



Student Application

THIS APPLICATION MUST BE COMPLETED BY STUDENT (please print clearly)

Open form in Adobe Reader to complete and submit electronically.

Last name	First name	Middle initial
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Street address

City	State	Zip	County
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Telephone number	Message number	Email address
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Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date	Social Security Number
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Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	High school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No, highest grade completed:
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Reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Valid Washington driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes, driver's license number:
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Tribal status and information		Tribe	Enrollment number
<input type="checkbox"/> I'm a tribal member	I'm a <input type="checkbox"/> Parent <input type="checkbox"/> Child of a tribal member		

Marital status		Spouse's tribe (if applicable)	Enrollment number
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living in a married-like situation			

Do you have children? <input type="checkbox"/> No <input type="checkbox"/> Yes, list them below:			
1	First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date
			<input type="checkbox"/> Custodial <input type="checkbox"/> Non-custodial
2	First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date
			<input type="checkbox"/> Custodial <input type="checkbox"/> Non-custodial
3	First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date
			<input type="checkbox"/> Custodial <input type="checkbox"/> Non-custodial
4	First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date
			<input type="checkbox"/> Custodial <input type="checkbox"/> Non-custodial
5	First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date
			<input type="checkbox"/> Custodial <input type="checkbox"/> Non-custodial
6	First and last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date
			<input type="checkbox"/> Custodial <input type="checkbox"/> Non-custodial

Tulalip Tribal Employment Rights Office (TERO) Vocational Training Center
Student Application (continued)

<p>Trades of interest <i>(check all that apply)</i></p> <p><input type="checkbox"/> Carpenter <input type="checkbox"/> Laborer</p> <p><input type="checkbox"/> Cement <input type="checkbox"/> Painter</p> <p><input type="checkbox"/> Electrician <input type="checkbox"/> Truck driver</p> <p><input type="checkbox"/> Iron worker</p> <p><input type="checkbox"/> Other:</p>	<p>Any barriers to your employment? <i>(check any that apply)</i></p> <p><input type="checkbox"/> Currently homeless <input type="checkbox"/> No dependable transportation</p> <p><input type="checkbox"/> Disability <input type="checkbox"/> No high school diploma/GED</p> <p><input type="checkbox"/> Substance abuse <input type="checkbox"/> Limited reading skills</p> <p><input type="checkbox"/> Ex-offender <input type="checkbox"/> Limited math skills</p> <p><input type="checkbox"/> Need child care</p> <p><input type="checkbox"/> Other:</p>
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Tell us why you would like to take this class and what you hope to achieve upon completion

Have you ever been enrolled in an apprenticeship program? No Yes, provide details:

Program title	City	State
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Date enrolled from	Date enrolled to	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please provide two personal references

1	Name	Relationship	Telephone number
2	Name	Relationship	Telephone number

I hereby certify that to the best of my knowledge, all statements on this form are true and correct. I also acknowledge that the information that I have provided is maintained for reporting purposes only and that identifying information will not be disclosed. **Tribal preference proof is required.** I understand that this application is not acceptance into the training program.

Date	Signature of applicant	<i>Note: we will make every effort to make referrals to the proper agency/ organization that could potentially provide assistance.</i>
Date	Signature of authorized TVTC representative	

Please drop off your filled and signed form at the Administration Building CSR desk.