



SHAWNEE TRIBE EDUCATION & SOCIAL SERVICES

PO Box 189, Miami, OK 74355 + (918) 542-2441, ext. 129 + socialservices@shawnee-tribe.com

Workforce Reimbursement Program

APPLICANT INFORMATION

Applicant Name: _____
First Last MI

Citizenship #: 911U Birthdate: ____/____/____ Phone: (____) ____-____
MM DD YYYY

Address: _____
PO Box/Street City ST Zip

EMPLOYMENT INFORMATION

Place of Employment (or Interview): _____ Phone: (____) ____-____

Address: _____
PO Box/Street City ST Zip

WORKFORCE INFORMATION

Please check all that apply:

- I am entering the workforce for the first time.
- I am reentering the workforce after a break of less than 1 year.
- I am reentering the workforce after a break of greater than 1 year. If so, how long? _____
- I am pursuing a change of employment in the same industry or occupation.
- I am pursuing a change of employment in a different industry or occupation.
- I am pursuing training or certification that will lead to a promotion in my industry or occupation.
- I am pursuing training or certification that will lead to a change in my industry or occupation.
- I am interested in learning more about workforce development programs in my area.

If applicable, please tell us about the industry you are leaving:

If applicable, please tell us about the industry you are seeking to enter or maintain employment in:

REQUIRED DOCUMENTS

- Complete Application
- Copy of Shawnee Tribe Citizenship Card
- Verification of Employment or Interview (Offer Letter, Pay Stub, Interview Notice)
- Original Receipts Demonstrating Qualifying Purchases
- Other Documents as Requested

CONFIRMATION AND ACCEPTANCE

I attest that the information provided above is correct.

I understand that only complete applications including all required documents will receive consideration.

I understand that this benefit is awarded on a "first come, first served" basis as funding allows.

I understand that incomplete applications or applications will be denied.

I understand that if my application is denied I can reapply for this benefit.

I understand that participation in this program constitutes consent for internal and external reviews, audits, and investigations for applicants, vendors, and all other interested parties in accordance with tribal, state, and federal statutes.

I understand that knowingly providing false information or fraudulent applications may result in criminal prosecution and/or ineligibility for tribal programs and services.

Applicant Signature

Date

TO BE COMPLETED BY THE EDUCATION AND SOCIAL SERVICES DEPARTMENT

Citizen's Name: _____
First Last MI

Citizenship #: 911U

Required Documents:

- Complete Application
- Copy of Shawnee Tribe Citizenship Card
- Verification of Employment or Interview (Offer Letter, Pay Stub, Interview Notice)
- Original Receipts Demonstrating Qualifying Purchases
- Other Documents as Requested

Date Complete Application Received: _____

Amount Approved: _____

Amount Dispersed: _____

Date Dispersed: _____

Program Specialist Notes:

Program Specialist, Date Forwarded: _____ Program Director, Date Approved: _____
