



Education and Career Services

Stockbridge-Munsee Community

P. O. Box 70

W12635 County Road A

Bowler Wisconsin 54416

Phone: 715-793-4100/793-4353 Fax: 715-253-2436



Education and Career Services Application

APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name	Date of Birth
Street Address		City	State	Zip Code
Contact Phone	Alternate Contact Phone		Email:	
Check services applying for today:				
Education: ___ Post-Secondary Training (anything past high school), in accordance with academic development plan and if marked have you applied for Financial Aid? Yes <input type="checkbox"/> No <input type="checkbox"/> College/University Attending: _____				
Employment: ___ Work Experience ___ Youth Employment ___ Summer Youth				
Support Services: ___ Uniform ___ Tools ___ Skills Training Other: _____				

PERSONAL DATA: check and complete all that apply

Tribal Affiliation (If Applicable) Tribal Affiliation: _____ Enrollment #: _____ OR Parent Tribal Affiliation & Enrollment #: _____ Are you a US Citizen? Yes ___ No ___ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Dependents Status: ___ Single-No Children ___ Single with Dependent Children ___ Married-No Children ___ Married with Dependent Children ___ Caring for Elders in Home	Are you a U.S. Veteran? Yes ___ No ___ Are you a spouse of a Veteran? Yes ___ No ___ *If no and male, have you registered with selective service? Yes ___ No ___ *If yes, write your Registration # _____
Employment Status: <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed Employed (circle one): Full- Time Part-Time Seasonal <input type="checkbox"/> Other: _____		
Education Status: What is the highest degree or level of school you have completed? (If currently enrolled, highest degree received) <input type="checkbox"/> Some High School, No Diploma <input type="checkbox"/> High School Graduate, Diploma or Equivalent (GED, HSED) <input type="checkbox"/> Some College Credit, No Degree <input type="checkbox"/> Trade/ Technical/ Vocational Training <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD		

CERTIFICATION

I hereby apply for educational or employment services from the Stockbridge-Munsee Community. I certify that the language in this application is true and correct. I authorize the Education and Career Services Department to process my application and verify the information contained in it. I further release other parties, including schools and governmental programs, to provide requested information to the Stockbridge-Munsee Education and Career Services Department so it may process my application. I understand that the falsification or material omission of information on this application shall be grounds for the denial of services and may result in legal action against me. I agree to abide by the program requirements outlined in the Stockbridge-Munsee Education and Career Services Program's Handbook in relation to services provided based on this application and understand that I may have appeal rights under the Stockbridge-Munsee Education and Career Services Program's Handbook

Applicant's Signature	Date	Parent/Guardian Signature (If Applicable)	Date
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