Education and Career Services
Stockbridge-Munsee Community
P. O. Box 70
W12635 County Road A
Bowler Wisconsin 54416
Phone: 715-793-4100 Fax: 715-253-2436

Education and Career Services Application

APPLICANT INFORMATION

First Name	MI	Last Name	Maiden Name	Date of Birth	Social Security Number

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 ☐ **No** ☐ **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 ☐ Female ☐

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:

☐ Unemployed ☐ Self-Employed ☐ Employed *(circle one):* Full- Time, Part-Time, or Seasonal ☐ Other:_____

Education Status: What is the highest degree or level of school you have completed? (*If currently enrolled, highest degree received)*

☐ Some High School, No Diploma ☐ High School Graduate, Diploma or Equivalent (GED, HSED) ☐ Some College Credit, No Degree

☐ Trade/ Technical/ Vocational Training ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ 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