



# Tanana Chiefs Conference

## Education Department

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Date received by TCC:

### ADULT BASIC EDUCATION APPLICATION

Name: (First)	(Middle)	(Last)	III, Jr., Sr...	
Maiden Name or other names used:			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to specify	
Social Security Number:			Date of Birth:	
Mailing Address:		City:	State:	Zip:
Physical Address:		City:	State:	Zip:
Home Phone:	Message Phone:	Email address:		
Race (Check all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				
Are you a member of a federally recognized tribe? <input type="checkbox"/> No <input type="checkbox"/> Yes (You MUST attach a copy of your CIB/BIA or tribal enrollment card) If "Yes," what tribe? (Often referred to as "Native Village of ___"): _____				
Regional Native Corporation: <input type="checkbox"/> Doyon <input type="checkbox"/> Ahtna <input type="checkbox"/> Calista <input type="checkbox"/> Cook Inlet <input type="checkbox"/> Chugach <input type="checkbox"/> NANA <input type="checkbox"/> Other (please list): _____			Degree of Native/Indian Blood:	
Number of dependents: _____ and their ages: _____		Military Service: <input type="checkbox"/> Active-duty (branch) _____ <input type="checkbox"/> Veteran (branch) _____ <input type="checkbox"/> Dependent of an active-duty member of the U.S. Armed Forces _____		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated/Widowed <input type="checkbox"/> Cohabiting (Two people living together on a long term basis without being married)				
High School Attended (name, city, state):			Last Year Attended School:	
Highest Grade Finished in High School: <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Did not attend high school				
College(s)/Vocational School(s) Attended:	Mailing Address:		Dates Attended:	Credits Earned:
College(s)/Vocational School(s) Attended:	Mailing Address:		Dates Attended:	Credits Earned:
Possible barriers preventing you from getting your GED (check all that apply): <input type="checkbox"/> Transportation <input type="checkbox"/> Childcare <input type="checkbox"/> Lack of internet access <input type="checkbox"/> Literacy level <input type="checkbox"/> Other (please explain):				
What is your career goal and how would earning a GED help you achieve this goal?				
What are your plans after you earn your GED? BE SPECIFIC.				
<b>CERTIFICATION</b> I certify to the best of my knowledge that the information on this application is accurate and true. I understand that the information is subject to verification. I further certify that any funds received under the TCC Education Department, will be used solely for expenses related to my attendance at the institution listed on this application. I have attached a copy of my tribal enrollment card or CIB/BIA.				
Legal Signature of Applicant _____			Date _____	