

Education and Career Services

Stockbridge-Munsee Community P. O. Box 70 W12635 County Rd 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	Da	te of Birth	Social Security Number		
Street Address			City	Sta	te	Zip Code		
Contact Phone		Alternate Contact P	hone	Email:				
Check services applying for toda	y:			•				
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:								
PERSONAL DATA: check and complete all that apply								
Tribal A (If App Tribal Affiliation: Enrollment #: OR Parent Tribal Affiliation & Enrollm Are you a US Citizen? Yes No	ent #:		Marital Depender Single-No Childrer Single with Depend Married-No Childr Married with Depe Children Caring for Elders in	1 dent Children en ndent	Are you *If no and have you re service?	you a U.S. Veteran? Yes No I a spouse of a Veteran? Yes No male (18-25 years old), egistered with selective Yes No te your Registration # below		
Employment Status: Unemployed Self-Empl Education Status: What is the hig Some High School, No Diploma Trade/ Technical/ Vocational Tr	ghest degree □ High S	or level of school you	na or Equivalent (GED, H	rrently enrolled ISED) □ Son	<i>l, highest deg</i> ne College Cre			
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, Program's Handbook

Applicants' Signature	Date	Parent/Guardian Signature (If Applicable)	Date