P.O. Box 31, Chitina Alaska 99566 | Phone: 907.823.2215 | Fax: 907.823.2285
Ta_assistant@tsedina.org

ADULT BASIC EDUCATION (ABE)
Program Application

Applicant Information

Full Legal Name:

- **First Name: _____**
- **Middle Name: _____**
- **Last Name: _____**
- **Suffix (Jr., Sr., III): _____**

Maiden Name / Other Names Used: _____

Gender: ☐ Female ☐ Male ☐ Prefer not to specify

Date of Birth (MM/DD/YYYY): _____

Social Security Number (optional): _____

Contact Information

Mailing Address:

- **Street / PO Box: _____**
- **City: _____ State: _____ Zip: _____**

Physical Address (if different):

- **Street: _____**
- **City: _____ State: _____ Zip: _____**

Phone Number(s):

- **Primary Phone: _____**
- **Message / Alternate Phone: _____**

Email Address: _____

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Race (Check all that apply): ☐American Indian/Alaska Native ☐Black/African American ☐Native Hawaiian/Other Pacific Islander ☐Asian ☐White

Tribal Affiliation

Are you a member of a federally recognized tribe? ☐ Yes ☐ No

If yes, Tribe (often listed as "Native Village of _____"):

☐ **Native Village of Chitina**

(A copy of your Tribal Enrollment Card or CIB/BIA documentation is required)

Regional Native Corporation: ☐ Ahtna ☐ Other: _____

Degree of Alaska Native / American Indian Blood (optional): _____

Household Information

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Cohabitating

Number of Dependents: _____

Ages: _____

Military Service: ☐ Active Duty (Branch): _____ ☐ Veteran (Branch): _____ ☐ Dependent of Active-Duty Military Member

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Education Background

High School Attended (Name, City, State): _____

Last Year Attended School: _____

Highest Grade Completed: ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ Did not attend high school

GED Status: ☐ Never tested ☐ Previously tested ☐ Partially completed GED

College / Vocational Education (if applicable)

School Name: _____

- **Location: _____**

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- **Dates Attended: _____ Credits Earned: _____**

School Name: _____

- **Location: _____**
- **Dates Attended: _____ Credits Earned: _____**

Barriers to Education

Please check any challenges that may affect your participation in the ABE Program:

☐ **Transportation**

☐ **Childcare**

☐ **Employment schedule**

☐ **Limited internet access**

☐ **Learning or literacy challenges**

☐ **Housing instability**

☐ **Health concerns**

☐ **Other (please explain): _____**

Educational & Career Goals

What is your primary educational goal? (e.g., GED, brushing up on basic skills, job readiness):

_____

_____

_____

_____

_____

What is your career goal, and how will completing Adult Basic Education help you achieve it?

_____

_____

_____

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Program Participation Statement

The Adult Basic Education Program of the Native Village of Chitina is designed to support Alaska Native and American Indian adults in completing high school equivalency, improving basic academic skills, and preparing for employment or further education. Instruction may include GED preparation, literacy, math, personal finance, job readiness, and culturally relevant learning activities.

Certification and Signature

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that false or incomplete information may delay or affect my participation in the Adult Basic Education Program. I authorize the Native Village of Chitina to verify the information provided for program eligibility purposes.

Applicant Signature: _____

Date: _____

Office Use Only

Date Received: _____

Eligibility Verified: ☐ Yes ☐ No

Documentation Received: ☐ Tribal Enrollment/CIB/BIA ☐ ID ☐ Other: _____

Staff Initials: _____