



Tribal Employment Enhancement Program

Name: _____ Social Security: _____
Last First Middle Maiden

Address: _____ Phone#: _____

City/State/Zip _____ Enrollment #: _____

Age: _____ Date of Birth: _____ Male Female Marital Status: Single Married Divorced

Number of Dependent Children: _____ Ages: _____ Separated

Education:

Level of Education attained: _____ High School Diploma Date: _____ GED Date: _____

Name & Address of last School attended:

Employment:

Employed: yes no Length of Employment: _____

Name of Employer _____ Phone#: _____

Address: _____

Area of Interest:

GED Testing Fee Pre-GED Adult Basic Ed Employment Enhancement

Name of School: _____ Phone #: _____

Address: _____

Course Title: _____ Tuition Cost: _____

Cost of Books: _____ Supplies: _____

I Certify that the above information on this form is true and correct to the best of my knowledge.

Signature _____

Date _____

Send completed applications to:
Cow Creek Band of Umpqua Tribe of Indians
Attn: Education Director
2371 NE Stephens Street, Suite 100
Roseburg, OR 97470
1-800-929-8229/677-5575
Fax# 541-5574

