



# Life Time Learning 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

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### 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:

Health  Art  Cooking  Sewing  Cultural  Other/please list  \_\_\_\_\_

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# 541-677-5574

