



NATIONAL INDIAN YOUTH COUNCIL, INC.
WIOA, TITLE I, SECTION 166
PRE-APPLICATION

OFFICE USE ONLY	
DATE RECEIVED:	
REVIEWED BY:	

PERSONAL INFORMATION *(Please Print)*

Social Security#: XXX-XX- _____ (*Last 4-digits only)

Name: _____
First Last Middle Initial

Physical Address: _____ City: _____

State: _____ Zip Code: _____ How long have you lived at the above address? _____

Are you residing in a sheltered facility or similar institution providing 24-hour support? Yes No

Telephone#: _____ Email Address: _____

Date of Birth (M/D/Y): _____ Age: _____ Gender: Male Female

Are you currently in the military? Yes No

If you are male, are you registered with Selective Service? Yes No

Are you a Veteran or a Spouse of a Veteran? Yes No

Are you Native American, Alaska Native or Native Hawaiian? Yes No

Tribal Affiliation: _____

Are any auxiliary aids and services or accommodations needed in order for you to participate in the program? Yes No

Are you currently receiving any form of Public Assistance? Yes No

TANF Food Stamps SSI GA Other: _____

EMPLOYMENT STATUS: (Check all that may apply).

Unemployed Employed Recipient of a Lay-off Notice Employed part-time, seeking full-time

EDUCATIONAL STATUS:

Are you currently enrolled in a post-secondary school? Yes No

Are you receiving Financial Aid? Yes No

Circle the highest grade you have completed: <8 9 10 11 12 13 14 15 16

CERTIFICATION STATEMENT: Under penalties of perjury, I certify the information provided is true to the best of my knowledge. I am aware my information is subject to review and verification, and I may have to provide documents to support my application. I allow release of this information for verification purposes and understand it may be used to determine eligibility. I am also aware if I am found ineligible for services, I will be given referrals.

 APPLICANT SIGNATURE

 DATE