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

Phone#: _____ Date of Birth (M/D/Y): _____ Age: _____

Gender: ☐Male ☐Female ☐Other, please specify: _____

Are you currently in the military? ☐Yes ☐No

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

If you are male, are you registered with Selective Service? ☐ 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 ☐ SNAP ☐ GA ☐ SSI ☐ Other: _____

Would you like to join our mailing list? ☐ Yes ☐ No
Email Address: _____

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
Select the highest grade you have completed: 12

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