



# Gila River Indian Community

Tribal Education Department



## Application for Language Proficiency Assessment

Applying for:  Spring Deadline (due February 15<sup>th</sup>)  Fall Deadline (due September 15<sup>th</sup>)

Send completed and signed application with all documents to: Culture & Language Program  
PO Box 97, Sacaton, AZ 85147

|   |  |  |  |
|---|--|--|--|
| Date:   | Applicant Name: (Last) (First) (Middle Initial)                          |  |  |
| Title:<br><input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.   | GRIC Enrollment Number:  | District Affiliation:                            |  |
| Date of Birth:<br>MM/DD/YYYY  | Gender:<br><input type="checkbox"/> Female <input type="checkbox"/> Male |  |  |
| Mailing Address: (City) (State) (Zip Code)  |  |  |  |
| Home Phone:<br>( )  | Cell Phone:<br>( )   | Email Address:                                   |  |
| What is your preferred method of contact:<br><input type="checkbox"/> Phone Call (Home/Cell) <input type="checkbox"/> Email <input type="checkbox"/> Letter Mail  |  |  |  |
| High School or G.E.D Center: (Name) (City) (State)  |  |  |  |
| College or University: (Name) (City) (State)  |  |  |  |
| Degrees/Certificates:<br><input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____ |  |  |  |
| Currently employed by an educational institute?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If Yes, Where:                                   |  |
| If not, do you plan to apply for employment with an educational institute?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If No, How do you plan to use the Certification? |  |

### Emergency Contact Information:

|       |               |                    |                    |
|-------|---------------|--------------------|--------------------|
| Name: | Relationship: | Home Phone:<br>( ) | Cell Phone:<br>( ) |
|-------|---------------|--------------------|--------------------|

I hereby authorized you to contact the person listed above in case of emergency.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use:

|                |              |                  |                       |                    |
|----------------|--------------|------------------|-----------------------|--------------------|
| Date Received: | Received by: | Approved/Denied? | Approved/Denied Date: | Reason for Denial: |
|----------------|--------------|------------------|-----------------------|--------------------|



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## Obligation of Understanding

I hereby certify that all information provided on this application is true and I have answered the questions to the best of my ability. I understand that if I knowingly falsify information or misrepresent myself I may be dismissed from taking the Language Proficiency Assessment.

## Certification of Tribal Enrollment

I, hereby, give authorization to the Enrollment/Census Department to release my Certificate of Indian Blood information to the Tribal Education Department for the purpose of verifying my enrollment record for the Gila River Indian Community Language Proficiency Assessment. I give my consent to Tribal Education Department Culture & Language Program to verify my enrollment.

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number/GRIC ID

By signing this document, I acknowledge that I have read and agree to the terms listed under "Obligation of Understanding" and "Certification of Tribal Enrollment".

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant needs to submit the following documents to determine eligibility on/or before deadline dates:**

**Deadline Dates are as follows:**

**Spring Deadline:** February 15<sup>th</sup>

**Fall Deadline:** September 15<sup>th</sup>

**Documents Needed:**

Completed/Signed Application     Copy of Certificate of Indian Blood or Tribal Identification Card

Copy of Valid Arizona Department of Public Safety Identity Verified Prints (IVP) Card

*Report any changes to Culture & Language Program within 10 business days of change.*