



Gila River Indian Community

Tribal Education Department



Application for Language Proficiency Assessment

Applying for: Spring Deadline (due February 15th) Fall Deadline (due September 15th)

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: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	GRIC Enrollment Number:	District Affiliation:	
Date of Birth: MM/DD/YYYY	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Mailing Address: (City) (State) (Zip Code)			
Home Phone: ()	Cell Phone: ()	Email Address:	
What is your preferred method of contact: <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: <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Where:	
If not, do you plan to apply for employment with an educational institute? <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: ()	Cell Phone: ()
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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 15th

Fall Deadline: September 15th

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.