



# COQUILLE INDIAN TRIBE

P.O. Box 783 ~ 3050 Tremont Ave. ~ North Bend, OR 97459

Telephone: (541) 756-0904 ~ (800) 622-5869

Fax:: (541) 756-0847

## Adult Education Application

Name \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Check if address is new

Dates of Event/Class \_\_\_\_\_

Class Title & Description \_\_\_\_\_

Cost (receipt/invoice must accompany this application) \_\_\_\_\_

Supplies Cost (\$200/year, receipts required) \_\_\_\_\_

Name of Institution/Instructor \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### PROGRAM INTEREST: (please check one)

- |   |  |
|---|--|
| <input type="checkbox"/> FITNESS          | <input type="checkbox"/> WORK RELATED                |
| <input type="checkbox"/> CULTURAL         | <input type="checkbox"/> MUSIC                       |
| <input type="checkbox"/> INDIVIDUAL STUDY | <input type="checkbox"/> BASIC EDUCATION/GED TESTING |

I certify that the information on this form is true and correct to the best of my knowledge.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Approved  
 Denied

Education Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Tribal Member Notified

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_