

APPLICANT INFORMATION						
HTTP://	SENECA.	CM3SOLI	JTIONS.	COM/IND	EX.ASPX	
	FINANCIA	L LITER	ACY APF	PLICATIO	N	

Name:							
Nation Enrollment #:	Phone:						
Mailing address:							
State:	ZIP Code:						
Email:							
PARENT INFORMATION							
Name of Mother:							
Address:	Email:						
State:	ZIP Code:						
REQUEST FOR LITERACY COURSE (CHECK ONE)							
Name of Literacy Program:          Seneca Cents (online)         School Program           Financial Literacy Certificate Program (CCC or ACC):							
	Phone:						
State:	ZIP Code:						
IEP or 504:							
SCHOOL PROGRAM OR EQUIVILENT - COMPLETED							
Name of Literacy Program:							
Address:	Phone:						
Date of completion:							
REFRESHER COURSE - REQUIRED (INTERVIEW ONLY) AS NEEDED PER PROGRAM INSTRUCTOR							
Name of Literacy Program:							
Address:							
E-mail:	Fax:						
State:	ZIP Code:						
SIGNATURES							
I have read the SNI-Financial Literacy Policy (approved by Tribal Council January 13, 2018). I understand the contents of the policies and do hereby agree to abide by all terms listed. Submit to Cattaraugus or Allegany Education Departments							
	Date:						
	State:  PARENT INFORMATION  Address: State: QUEST FOR LITERACY COURSE (CHECK ONE) COL PROGRAM OR EQUIVILENT - COMPLETED  Address: Date of completion: UIRED (INTERVIEW ONLY) AS NEEDED PER PE E-mail: State:						

Contact Info: Seneca Nation Education Department – (716) 532-3341, <u>barbara.weston@sni.org</u> – Cattaraugus Territory Seneca Nation Education Department – (716) 945-1790, <u>traci.pacini@sni.org</u> – Allegany Territory