



FINANCIAL LITERACY APPLICATION

[HTTP://SENECA.CM3SOLUTIONS.COM/INDEX.ASPX](http://seneca.cm3solutions.com/index.aspx)

APPLICANT INFORMATION

Name:		
Date of birth:	Nation Enrollment #:	Phone:
Mailing address:		
City:	State:	ZIP Code:
Date of Graduation:	Email:	

PARENT INFORMATION

Name of Mother:		
Name of Father:		
Phone:	Address:	Email:
City:	State:	ZIP Code:

REQUEST FOR LITERACY COURSE (CHECK ONE)

Name of Literacy Program: <input type="checkbox"/> Seneca Cents (online) <input type="checkbox"/> School Program <input type="checkbox"/> Financial Literacy Certificate Program (CCC or ACC) :		
Address:		Phone:
City:	State:	ZIP Code:
IEP or 504:		

SCHOOL PROGRAM OR EQUIVALENT - COMPLETED

Name of Literacy Program:		
Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address:	Phone:
Course syllabus:	Date of completion:	

REFRESHER COURSE – REQUIRED (INTERVIEW ONLY) AS NEEDED PER PROGRAM INSTRUCTOR

Name of Literacy Program:		
Address:		
Phone:	E-mail:	Fax:
City:	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

Signature of applicant:	Date:
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