



COLORADO RIVER INDIAN TRIBES

Career Development Office

26600 MOHAVE ROAD
PARKER, ARIZONA 85344
(928) 669-5548 • Fax (928) 669-5570
careerdevelopment@crit-nsn.gov

ACADEMIC YEAR 2026-2027

CDO ADULT VOCATIONAL TRAINING PROGRAM

Congratulations on your decision to continue your education!

The Colorado River Indian Tribes (C.R.I.T.) supports eligible tribal members pursuing accredited certificates, diplomas or associate of applied science (AS) degrees. Through Tribal and Bureau of Indian Affairs (BIA) funding, the Career Development Office (CDO) provides opportunities for students to reach their educational goals with the hope that, upon graduation, they will return and contribute to the continued growth of C.R.I.T.

The Higher Education Program offers financial assistance through BIA Grants and Tribal Scholarships. BIA Grants support undergraduate students with financial need as determined by the Financial Aid Needs Analysis (FANA). Tribal Scholarships support undergraduate, graduate, and postgraduate students who demonstrate strong academic ability. All awards are based on completed FANA forms submitted by the student's college or university.

VERY IMPORTANT DEADLINE DATES:

FALL SEMESTER JUNE 30TH BY 5:00PM MST

SPRING SEMESTER OCTOBER 30TH BY 5:00 PM MST

*If a deadline falls on a Saturday, the deadline will be the Friday **BEFORE** the actual deadline date.*

*If a deadline falls on a Sunday, the deadline will be on Monday, the **NEXT** business day.*

START DATES MUST BE APPROXIMATELY 60 DAYS AFTER THE SPECIFIED DEADLINE DATE
(AUGUST 29, 2026).

GENERAL ELIGIBILITY:

1. Be an enrolled member of the Colorado River Indian Tribes.
2. Be a high school graduate with a 2.25 cumulative grade point average (GPA) or earn a GED certificate with a 45% composite score.
3. Be admitted and enrolled at an accredited vocational training facility.
4. Apply for all available funding sources at www.fafsa.ed.gov.
5. Be pursuing a Certificate, Diploma, or Associate of Applied Science Degree.

APPLICANT INSTRUCTIONS:

- A. Complete, sign & date, and submit the application. Please submit accompanying documentation as soon as possible as specified on the checkoff list.
- B. Complete the top portion of the Financial Aid Needs Analysis (FANA) form located in the application packet and submit it to your institution's Financial Aid Office (FAO). NOTE: Processing times vary and could delay school funding if not received by deadline dates; it is recommended to submit the form early to avoid deadline issues. The applicant is responsible for contacting and communicating with FAO to **decline** all student loans & have **all necessary fees** included on the form. Request in writing childcare assistance from CDO.
Inquire with your FAO for clarification of additional coverages, lab fees, board exams, certifications, special equipment, etc.
- C. Obtain a physical (medical) exam. **Exam must be within three months of application**
- D. Obtain a complete immunization record, updating all immunizations/shots as needed.
- E. Request **MOST RECENT** transcript or GED scores to be sent to CDO directly; a transcript bearing a raised seal and/or printed on tamper-proof security paper from the institution will be verified as official. **SNAPSHOTS AND SCREENSHOTS OF TRANSCRIPTS WILL NOT BE ACCEPTED.** You can mail official transcripts to: **CRIT CDO, 26600 Mohave Road, Parker, AZ 85344**, or Certified E-SCRIPTED Official transcripts are also acceptable; they can also be emailed to **careerdevelopment@crit-nsn.gov** should your institution have that option.
- F. Submit an acceptance letter from an accredited Institution; class schedule, billing letter, or signed contract will not suffice.
- G. Submit a copy of the **FAFSA Submission Summary**. Fill out a **"Free Application for Federal Student Aid" (FAFSA)** at www.fafsa.edu.gov. After submitting the FAFSA, you will receive the Submission Summary in approximately 10 days via email. In some instances, your institution's Financial Aid Office (FAO) will require a copy of your (parents) 1040 tax forms for verification. This will be indicated by *(asterisk) on your SAI.

Verifications/Reviews may impact your FANA and your overall application. If selected for verification, you will need to contact your institution's FAO.

°CDO is available to assist in filing your FAFSA; Set appointments with CDO Financial Coordinator.
NOTE ALL students under the age of 24. who are not married or have children will need to file with your parent(s) or guardian(s) W-2s*

- H. Submit a copy of the Certificate of Indian Blood (CIB) or Tribal ID card issued by the C.R.I.T Enrollment Office or the BIA Preference Form; the **C.R.I.T Enrollment Office can be reached at (928) 669-1240.**
- I. Submit a certificate/degree program outline (listing of all courses needed to complete your program) and class schedule showing credit hours/block hours (for the upcoming/current semester/term/phase)
***Applicants must fulfill requirements for continued monthly funding by attendance rate of 75% or higher with a Grade Point Average (GPA) of 2.50 and submit Monthly Progress Reports (MPR) by the 10th of the following month.**

It is the student's responsibility to make inquiry regarding your application to verify all documents have been received. **Missing documentation will deem your application incomplete if not received prior to deadline date and time.**

Completed applications are forwarded to the Education Board for recommendation of approval/denial. Then forwarded to Tribal Council for their final action of approval/denial.

This process takes approximately 4-6 weeks AFTER the deadline date.

NOTE: SHOULD YOU BEGIN YOUR PROGRAM WITHOUT FINAL APPROVAL FROM TRIBAL COUNCIL, YOU WILL BE HELD RESPONSIBLE FOR ANY CHARGES INCURRED.

All documents can be:
Mailed to:
Career Development
26600 Mohave Road
Parker, Arizona 85344

Dropped off at:
Career Development
1120 W. 16th St.
Parker, Arizona 85344

Emailed to: careerdevelopment@crit-nsn.gov

Our contact information:
Website: <https://crit-nsn.gov/critcareerdev/>
Fax: (928) 669-5570
Office: (928) 669-5548

CDO ADULT VOCATIONAL TRAINING APPLICATION CHECKOFF LIST

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE ALL PAPERWORK HAS BEEN RECEIVED BY THE CRIT CAREER DEVELOPMENT OFFICE BY THE DEADLINE DATE & TIME.

Phone: (928) 669-5548

Fax: (928) 669-5570

Email: careerdevelopment@crit-nsn.gov

Applicant: _____

Type of Training: _____

Institution: _____

Housing Plan: On Campus Off Campus
 With Parents

Last four of SSN: _____

Start Date: _____

End Date: _____

DEADLINE: JUNE 30TH OCTOBER 30TH

***SCREENSHOTS/SNAPSHOTS WILL NOT BE ACCEPTED.**

____ 1&2) CDO AVT Application

____ 3) CDO Student Agreement

____ 4) CDO Repayment Policy

____ 5) CDO FERPA

____ 6) CDO Authorization of Information

____ 7) CDO Student Responsibility

____ 8) Financial Aid Needs Analysis (FANA)

- Must be submitted by the applicant to the Financial Aid Office to be filled out by the Financial Aid Office(r)

____ 9) School FERPA

____ 10) Physical Examination

- Must be the current & within three months of application

____ 11) Immunization Record

- Must be current and most updated history

____ 12) Official Transcript(s) (OT)

- Must bear a raised seal or be printed on tamper-proof security paper from the school/institution and received in a sealed envelope directly from the school/institution/E-Script.

____ 13) Acceptance Letter (AL)

- Acceptance date must coincide with the application deadline. A signed contract is not an AL.

____ 14) FAFSA Submission Summary

- You may be selected for verification, which is identified by an asterisk (*) on the first page of the report. If selected, you will need to contact your Financial Aid Office

____ 15) Certificate of Indian Blood (CIB)

- Submit only once with the first application.

____ 16) Certificate/Degree Program Outline

- Listing/Schedule for the duration of the program
As identified by the Institute

____ 17) Class Schedule (CS)

- Listing dates and times

____ 18) CDO Student Intakes

- CDO will call to schedule your intake appointment

____ Financial ____ Academic

***All documents MUST be completed, signed & dated.**

NOTICE: As a courtesy, if you are leaving your area where IHS services are provided/utilized. Please contact your local IHS Purchased Referred Care (PRC) for coverage options when away at school.



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CDO ADULT VOCATIONAL TRAINING PROGRAM APPLICATION

Please fill out the application in its entirety; CDO cannot process any applications with missing information. Then return it, along with the accompanying documentation as specified on the checkoff list.

PERSONAL AND FAMILY INFORMATION

Name: _____ Sex: Male Female SSN: _____

Other known names: _____

DOB: _____ Veteran? Yes No Enrolled CRIT Member? Yes No

Currently Employed? No Temporary Part-Time Full-Time

Marital Status & Spouse: _____ No. of Children: _____

Mother's Name & Tribal Affiliation: _____

Father's Name & Tribal Affiliation: _____

CONTACT INFORMATION

Phone: _____ Email: _____

Permanent Home Address: _____

Mailing Address: _____

PRIOR EDUCATION INFORMATION

Highest Grade Completed: _____ School(s) Attended: _____

Vocational Program: _____

Do you have any physical limitations that would interfere with your training? Yes No

If yes, explain: _____

Have you had previous training? Yes No If yes, list: _____

TRAINING INFORMATION

School/Vocational Training Facility: _____

Address: _____

Phone: _____ Admissions Representative: _____

Student ID: _____ Student Email **Required**: _____

***ONCE APPROVED, ALL CORRESPONDENCE IS DONE THROUGH STUDENT E-MAIL (EDU EMAIL ONLY).**



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CDO/STUDENT AGREEMENT

This agreement is for the Academic Year 26-27 school year. The student is making application, by and between the C.R.I.T. Career Development Office here in after called CDO, and the student applicant here in after called the APPLICANT/RECIPIENT.

Applicant/ Recipient:

- 1) The RECIPIENT shall abide by and comply with the policies of the Colorado River Indian Tribes and the eligibility requirements of CDO. Furthermore, the RECIPIENT and/or APPLICANT shall be responsible for reading and understanding his/her rights and responsibilities regarding financial assistance and/or scholarship, including the responsibility to be informed of policies herein.
- 2) The RECIPIENT shall sign the application for scholarship and financial assistance and comply with the stated terms, conditions, and standards to receive the scholarship and/or financial assistance.
- 3) The RECIPIENT shall release their Official Transcript information indicating the most recent academic term grade, graduation date, academic major, and type of degree being pursued.
- 4) The RECIPIENT shall immediately report any change in academic enrollment status, withdrawal, and transfer status to CDO.
- 5) The RECIPIENT shall adhere to attendance guidelines of specified programs and maintain eligibility GPA or be subject to academic action, which can impact overall funding/eligibility.
- 6) The RECIPIENT shall notify the CDO of their graduation date and certificate/degree to be conferred.

CRIT CDO:

- 1) The CDO shall place an APPLICANT and/or RECIPIENT on probation/suspension as outlined in the Colorado River Indian Tribes/CDO Policy and Procedures.
- 2) The CDO shall disqualify any APPLICANT from receiving financial assistance if they do not meet the requirements as outlined in the Colorado River Indian Tribes/CDO Policy and Procedures.

By signing this agreement, I shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof and give permission to CDO to receive my transcripts and financial information.

Applicant Signature: _____

Date: _____



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CDO REPAYMENT POLICY

APPLICANT MUST INITIAL ALL SECTIONS:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school and will, to the best of my ability, complete the courses that I have selected. If I choose to repeat a course/module that has been previously funded by CDO, I will pay for that expense out of my own pocket. Initial: _____

I further agree that the funds issued to me for educational purposes from the Colorado River Indian Tribes will be used, or repayment will be made back to the Colorado River Indian Tribes - Career Development Office. Initial: _____

I understand that if I am eligible for other funds, such as Supplemental Educational Opportunity Grants (SEOG), Pell Grants, etc., this will be included when computing my financial aid packet, and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income verification to the Colorado River Indian Tribes (C.R.I.T.) Career Development Office (CDO). I also understand that I am responsible for following all the rules and regulations regarding the HE Program. Initial: _____

*****LOANS*****

I also understand that accepting any student loan is discouraged. If I do accept a loan, my HE award will be reduced by the amount of my loan and returned to the Tribes. **I am aware that if I have accepted a loan, I will be held responsible for full payment. I cannot hold the Colorado River Indian Tribes responsible for any payments.** Initial: _____

COLORADO RIVER INDIAN TRIBES WILL NOT BE RESPONSIBLE FOR YOUR LOANS

I hereby acknowledge consent and have provided the required information and authorize the use of such information to the extent of the use specified.

Applicant Signature: _____

Date: _____



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CDO FERPA

Consent to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of aspects of a student's educational record that are not considered 'directory' information. Educational records are considered confidential and will not be released without written consent from the student, except to the extent that FERPA authorizes disclosure without consent. For this reason, it is necessary for the C.R.I.T. Career Development Office to obtain **WRITTEN** permission *from* a student in order to release academic/financial information not excluded by FERPA laws.

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. The undersigned authorize the release of any academic information to the person(s) listed below. This includes, but is not limited to, class schedule, name of instructors, grades, courses and financial aid. I have selected for the upcoming semester. The Colorado River Indian Tribes Career Development Office must still abide by the Family Educational Rights and Privacy Act (FERPA) of 1974 as to all other requests for student information.

This form will expire on the last day of the current academic year. Annual renewal is required to release academic/financial information to the person(s) specified below.

NAME: Colorado River Indian Tribes Career Development Office (CRIT CDO)
26600 Mohave Road
Parker. AZ 85344
P: (928) 669-5548 F: (928) 669-5570 E:CareerDevelopment@crit-nsn.gov

I certify that I have read and understand the Consent for Student Release of Information form.

Student Signature

Student ID Number

Date

Make sure to retain a copy of this form for your records.

THIS FORM IS NOT CONSIDERED A SCHOOL FERPA.

STATEMENT OF CERTIFICATION AND CONSENT TO RELEASE INFORMATION

I hereby certify that the above information is true and correct to the best of my knowledge & consent to the release of this information to necessary agencies to complete my financial aid package. I further understand that falsifying any information on this application will deem me ineligible for funding. I declare that I will use any funds received under the Higher Education Program solely for expenses connected with attendance at college/university. The C.R.I.T. Career Development Office Higher Education Program operates under the general authority of the Family Educational Rights and Privacy Act (FERPA) of 1974. The applicant should understand that the intent of collecting & maintaining this data on individuals is to determine the eligibility of the applicant to receive funding as required under federal & tribal regulations, and to provide the means for producing certain statistical records required for this office to support the need of Congress to appropriate such funds.

Applicant Signature: _____ Date: _____

AS THE APPLICANT, I UNDERSTAND:

- My application will not be reviewed until all appropriate documentation as specified on the checkoff list is filled out in its entirety and returned to **CDO PRIOR TO THE DEADLINE DATE.**

Initial: _____

- It is my responsibility to make inquiries regarding my application to verify the required documents have been received by **CDO PRIOR TO THE DEADLINE DATE.**

Initial _____

- Any missing documentation will deem my application incomplete.

Initial: _____

- Completed applications are forwarded to the Education Board for the Education Board's recommendation of approval/denial. Then forwarded to Tribal Council for their final action of approval/denial. This process takes approximately 4-6 weeks **AFTER** the deadline date.

Initial: _____

- Start dates must be at least 60 days after the deadline, giving sufficient time for deadline processes.

Initial: _____

- Starting a program without final approval from Tribal Council deems me responsible for any financial charges incurred (prior to final approval/denial by Tribal Council).

Initial: _____

- It is my responsibility to communicate any changes during my funding cycle(s) and to reply to correspondence from CDO and keep scheduled appointments with CDO.

Initial: _____

- I will not receive living expense funding if my residence is within a twenty (20) mile radius of the institution I am attending.

Initial: _____

- I understand if I should need to repeat any course/ module that has been previously funded by CDO, that cost will be at my personal expense, and **WILL NOT** be funded by CDO in the future.

Initial: _____

Applicant Signature: _____ Date: _____



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STUDENT RESPONSIBILITIES

2026-2027 ACADEMIC YEAR

All recipients must observe and maintain the following responsibilities to remain in Good Standing with the Adult Vocational Training Program. If you neglect any of the following, your award may be jeopardized and/or discontinued.

RESPONSIBILITIES:

- Submit an official transcript at the **END of EACH quarter/semester/module or phase**. A receipt for ordered transcripts and the current class schedule is required to release subsequent checks for each quarter/semester/module or phase.
- Notify the CDO Office of intent to transfer to another institution or of any withdrawals **prior to the start** of classes of the awarded term.
- Applicants must fulfill requirements for continued monthly funding by attendance rate of 75% or higher with a Grade Point Average (GPA) of 2.50 and submit Monthly Progress Reports (MPR) by **the 10th of the following month. If a student fails a course/module that will need to be repeated; that cost will be the responsibility of the student.**
- Submit a Degree Audit/Transfer Audit/Educational Plan along with your CURRENT class schedule.
- Report **ALL** financial aid changes of your financial aid budgets/packages to CDO for revision of awards or consideration of revised financial awards
- Verify your student account has a ZERO balance; make sure all charges are paid on school account before spending Early award check received; you may have school payments that need to be paid before spending on incidental items.
- Check with your school's Financial Aid Office for ANY disbursements you may receive. CDO does not have any control over when disbursements are posted to your student account once checks are released to the school. Check with your Financial Aid Office if you have any questions.

PROBATION & SUSPENSION:

If a student does not comply with the provisions, the actions of the CRIT Education Committee are as follows:

- Student will be placed on academic probation, if the student does not meet the minimum requirements for one quarter/semester/modular phase. If substantial progress is not made during the next semester/quarter, the students' funding may be suspended.
- Once the student funding is suspended, the student will not be considered for future funding until the student, through other funding sources, meets the academic (GPA)and/or credit requirements.

DISCONTINUANCE OF AWARD

The CDO Office may discontinue an award if the student:

- Fails to comply with the provisions
- Fails to disclose information that substantially affects his/her financial situation
- Fails to disclose academic status changes
- Transfers to another institution without proper approval

By signing this agreement, I shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof to comply and maintain my eligibility requirements with the Colorado River Indian Tribes/CDO Adult Vocational Training Program.

SIGNATURE

DATE

ANNUAL PHYSICAL EXAMINATION FORM

or Form Used by Physician

Part One: TO BE COMPLETED PRIOR TO MEDICAL APPOINTMENT

NAME: _____

DATE OF EXAM: _____

ADDRESS: _____

DATE OF BIRTH: _____

SEX: MALE FEMALE

DIAGNOSES/SIGNIFICANT HEALTH CONDITIONS

CURRENT MEDICATIONS (Attach a second page if needed)

Medication Name	Dose	Frequency	Diagnosis	Prescribing Physician Specialty	Date Prescribed

ALLERGIES/SENSITIVITIES: _____

CONTRAINDICATED MEDICATION: _____

Part Two: GENERAL PHYSICAL EXAMINATION

Blood pressure: ___ / ___
Temp: ___

Pulse: ___
Height: ___

Respirations: ___
Weight: ___

EVALUATION OF SYSTEMS

System Name:	Normal Findings:	Comments/Description
Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ears	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nose	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mouth/Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head/Face/Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breasts	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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CDO FINANCIAL AID NEEDS ANALYSIS (FANA)

THIS FORM IS TO BE COMPLETED BY FINANCIAL AID OFFICER (INSTITUTE)

PLEASE RETURN VIA FAX OR EMAIL BY SPECIFIED DEADLINE DATE

FAX: (928) 669-5570

EMAIL: careerdevelopment@crit-nsn.gov

FALL WINTER/SPRING: JUNE 30 BY 5:00 PM MST

WINTER/SPRING: OCTOBER 30 BY 5:00 PM MST

Student Name: _____

Student ID/ Last 4 of SSN: _____

Student Major/Program: _____

Academic Year: _____

Student Academic Level: Freshman Sophomore Junior Senior Graduate

Student Housing Plan: On Campus Off Campus Other: _____

DO NOT COMPLETE THE FORM UNTIL THE STUDENT'S FINANCIAL AID FILE IS COMPLETE. ALL STUDENTS ARE REQUIRED TO FILE A "FREE APPLICATION FOR FEDERAL STUDENT AID" (FAFSA) EACH ACADEMIC YEAR. **ESTIMATES WILL NOT BE ACCEPTED.**

COMPLETE THE ENTIRE FORM- DO NOT LEAVE ANY BLANK AREAS.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CDO IMMEDIATELY.

SCHOOL EXPENSES:

Tuition (No. of Credit Hrs. & Credit Hr. Cost or Block Fee Cost)

Books/Supplies

Room & Board.

Meal Plan

Transportation

Personal

Child Care

Other Fees/Miscellaneous

TOTAL EXPENSES

FEDERAL AID:

Pell Grant

SEOG SSIG

ACG (Academic Competitiveness Grant)

TOTAL FEDERAL AID

Indicate dates for the recommended award –Fall, Winter, Spring, Summer dates & amounts.

Term & Dates:

\$

Term & Dates:

\$

Term & Dates:

\$

Term & Dates:

\$

Financial Aid Officer Name: _____

Signature: _____

Date: _____

Phone: _____

Fax: _____

Email: _____

School Name: _____

Address to Send
Payment to: _____