

**Sitting Bull College/AmeriCorps  
ABE/GED Program**

Fort Yates Site  
9299 HWY 24  
Fort Yates ND 58538  
701-854-8043

Mobridge Site  
414 6<sup>th</sup> Street West  
Mobridge SD 57601  
605-845-3206

McLaughlin Site  
301 Main Street  
McLaughlin SD 57642  
605-823-4318

Legal Name: \_\_\_\_\_ Other Name(s) Used: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
PO Box or Street

City State Zip Code Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced # of Dependent Children ☐

Race/Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Hispanic  
☐ Native Hawaiian or Pacific Islander ☐ White

Current Photo ID: ☐ State ID ☐ Tribal ID ☐ College ID ☐ High School ID

Are you enrolled in a federally recognized tribe? ☐ Yes ☐ No

If yes, list tribal affiliation: \_\_\_\_\_  
Tribe City State

If no, is your mother or father an enrolled member of a federally recognized tribe? ☐ Yes\* ☐ No  
\*If yes, you are required to provide a Certificate of Indian Blood for the enrolled parent.

Last school attended: \_\_\_\_\_ Highest grade completed: ☐  
School Name City State

Have you taken any GED tests through another organization since January 1, 2014? ☐ Yes ☐ No

If yes, please provide the organization name, city and state: \_\_\_\_\_  
Organization Name City State

Are you currently employed? ☐ Yes ☐ No If yes, please list employer: \_\_\_\_\_

Please indicate your future plans: ☐ Attend college ☐ Enroll in a Vo-Tech program ☐ Enlist in the military  
☐ Employment ☐ Other (Please specify): \_\_\_\_\_

*I certify that the information provided on this application is correct and complete to the best of my knowledge.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_