



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
EDUCATION

Auxiliary Tutor Application

Name: _____

Any Other Names (i.e. maiden name): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

College(s): _____

Degree(s)/Certification(s): _____

Previous Tutoring or Teaching Experience: _____

Preferred Ages/Grades To Tutor: _____

Preferred Subjects To Tutor: _____

Distance Willing To Travel: _____

Signature of Applicant: _____ Date: _____

Please Include:

- 1. Current Resumé**
- 2. College Diploma (Bachelor's Degree or Beyond), College Transcripts, or Specialized Academic Certification**
- 3. Teaching Certificate (If Applicable)**

Pokagon Citizen Yes/No

Pokagon Spouse/Custodial Parent Yes/No

*****Pokagon Band Preference Code Applies*****