

ST. CROIX CHIPPEWA INDIANS OF WISCONSIN

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U.S. DEPARTMENT OF INTERIOR BUREAU OF INDIAN AFFAIRS JOB PLACEMENT & TRAINING PROGRAM APPLICATION

Application #: _____

PART I: TO BE COMPLETED BY APPLICANT

School Year 20____ - 20____

Date Received: _____

Previously Applied: Yes No

Last Name _____ First Name _____ M.I. _____ Maiden _____

Marital Status: Single Married Divorced _____ Date of Birth _____ Tribal ID # _____

Home Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Phone _____ E-mail Address _____

Name and Address of High School Attended - Type of high school: Public Private BIA GED HSED _____ Graduation Date _____

Name and Address of Institution you plan to attend _____ Year Status: 1st 2nd 3rd Credits: _____ Term Attending: Fall Winter Spring Summer

Major Course of Study _____ Expected Degree: Associates Certificate

Father's Name _____ Tribe/Reservation _____ Date of Birth _____

Mother's Maiden Name _____ Tribe/Reservation _____ Date of Birth _____

STUDENT STATEMENT OF CERTIFICATION - IMPORTANT- READ CAREFULLY

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge and that if granted assistance I will use it only for educational expenses and purposes, and agree that this information may be shared between the Bureau of Indian Affairs, Tribe, State and the institution. I further agree that I will contact the financial aid office of the institution I have selected and will apply for financial aid available to me. I request the financial aid office to notify the BIA-State-Tribe of my financial need and authorize any school I am attending to release a copy of my transcript to the BIA-State-Tribe at the end of each academic period. I request that any Bureau scholarship funds awarded to me be mailed to me in care of the financial aid or business office at the institution I attend.

Signature of Student/Applicant _____

Date _____

PART II: TO BE COMPLETED BY TRIBAL ENROLLMENT OFFICE

I certify that the above named applicant is a member descendant of the _____

Tribe and is _____ degree of Indian blood according to available records.

Signature of Certifying Official _____

Date _____

PART III: TO BE COMPLETED BY THE FINANCIAL AID OFFICER (SUBMIT COPIES TO TRIBE AND HEAB)

BUDGET PERIOD FROM ____ / ____ / ____ TO ____ / ____ / ____

Full-time Part-time Number of credits: _____ Student is considered: Dependent Independent

SCHOOL EXPENSES

Tuition and Fees	\$ _____	Tutoring Services	\$ _____
Books and Supplies	\$ _____	Special Needs	\$ _____
Room and Board	\$ _____	Uniforms/Shoes	\$ _____
Personal Expenses	\$ _____	Licences/Exam Fees	\$ _____
Transportation	\$ _____	Other	\$ _____
Childcare	\$ _____	Total Expenses	\$ _____
Rent	\$ _____	Assessed Need	\$ _____

RESOURCES

Student/Spouse Contribution	\$ _____
Parental Contribution	\$ _____
Veterans Benefits	\$ _____
Social Security	\$ _____
DVR	\$ _____
Other	\$ _____
Total Resources	\$ _____

WE HAVE MADE THE FOLLOWING AWARDS

Pell Grant	\$ _____	Minority Retention Grant	\$ _____	Scholarships	\$ _____
SEOG	\$ _____	College Work/Study	\$ _____	SSIG	\$ _____
Tuition Grant	\$ _____	Perkins Loan	\$ _____	WHEG	\$ _____
State Indian Grant	\$ _____	Subsidized Loan	\$ _____	Unsubsidized Loan	\$ _____
				Other	\$ _____

Signature of Financial Aid Officer _____

Name of Institution _____

Date _____

PART IV: AWARD POINT SYSTEM

The St. Croix award committee will utilize the following point system to determine amount of award to be given. Technical assistance maybe awarded up to \$1,200.

Level of Education _____ H.S. Diploma-1 pt, 2 year degree-2 pts, 4 year degree-3 pts, Masters-4 pts, Doctorate-5 pts	Total Amount of Expenses _____ \$0-\$1,999.-1 pt, \$2,000.-\$3,999.-2 pts, \$4,000.-\$5,999.-3 pts, \$6,000.-\$7,999.-4 pts, \$8,000. and above-5 pts	Additional Financial Aid Assistance _____ 0-5 based on award committee
G.P.A. _____ 2.5-1 pt, 2.75-2 pts, 3.0-3 pts, 3.5-4 pts, 4.0-5 pts	Number of Dependents _____ 1-3 dependents-2 pts, 3-5 dependants-3 pts, 5-7 dependents-4 pts, 7 and above-5 pts	Special Needs _____ 0-5 based on how high of needs
Progress in IEP _____ 0-5, based on progress	Location of School/Work/Training _____ 0-100 miles-1 pt, 101-300 miles-2 pts, 301-500-3 pts, 501-800-4 pts, 801+--5 pts	Incentive (Dean's List/Presidential) _____ 0-5 based on award committee
Contingency _____ 0-5 based on requirements		Total Points _____
		Amount Awarded \$ _____

BIA/Tribal Grant	Sem./Qtr.	1 \$ _____	2 \$ _____	3 \$ _____	4 \$ _____	Total \$ _____
Tribal Supplement	Sem./Qtr.	1 \$ _____	2 \$ _____	3 \$ _____	4 \$ _____	Total \$ _____

JOB PLACEMENT AND TRAINING PROGRAM

The purpose of the Job Placement and Training Program is to assist eligible Indian people to obtain job skills and to retain permanent employment towards self-sufficiency.

SELF-SUFFICIENCY ACTION PLAN AND GOALS

Goal #1: _____

Steps for goal #1: _____

Goal #2: _____

Steps for goal #2: _____

Goal #3: _____

Steps for goal #3: _____

EDUCATION/TRAINING	NEW EMPLOYEMENT PREPREATION	EMPLOYMENT TRAINING	OTHER ACTIVITIES
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Adult Vocational Training <input type="checkbox"/> Literacy Improvement <input type="checkbox"/> Certifications <input type="checkbox"/> CNA <input type="checkbox"/> Other: _____	<input type="checkbox"/> Tools <input type="checkbox"/> Supplies <input type="checkbox"/> Registration Fees <input type="checkbox"/> Initial Child Care <input type="checkbox"/> Gas and/or Transportation <input type="checkbox"/> Appropriate Work Clothing <input type="checkbox"/> Licencing Fees <input type="checkbox"/> State Testing Fees <input type="checkbox"/> Medical Examinations <input type="checkbox"/> Other: _____	<input type="checkbox"/> Orientation <input type="checkbox"/> Professional Development <input type="checkbox"/> Employment Retention <input type="checkbox"/> Supervisory Management Training <input type="checkbox"/> Continuing Education <input type="checkbox"/> EMT <input type="checkbox"/> Other: _____	<input type="checkbox"/> Life Skill Activities <input type="checkbox"/> Parenting Skills <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Counseling <input type="checkbox"/> Driver's License Reinstatement <input type="checkbox"/> Restorative Justice <input type="checkbox"/> Other: _____

Are you currently employed? Yes No

Name of employer: _____ Employer contact number: _____

Employer address: _____

Number of years employed: _____ Supervisor: _____

Are you currently completing a job training program? Yes No

At what facility?: _____

How many hours a week: _____ Supervisor: _____

Address: _____

Are you currently completing an internship? Yes No

Where: _____

How many hours a week: _____ Supervisor: _____

Address: _____

In order to be eligible for funding you must meet the following criterias: (check)

- You meet the definition of American Indian or Alaskan Native
- You can demonstrate an unmet need and show a need for job training or placement services in order to become gainfully and meaningfully employed
- You are skilled, but need financial assistance to get to a job, and show an aptitude and potential to benefit from services.

_____ I understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency. Failure to follow through with the ISP may constitute suspension for the Job Placement and Training Assistance Program.