

ST.CROIX CHIPPEWA INDIANS OF WISCONSIN

Education/Youth Program

24663 Angeline Ave. Webster, WI 54893

Tele: 715-349-2195 Ext. 5303

Fax: 715-349-7905

EMAIL: karenw@stcroixtribalcenter.com



St. Croix Job Placement and Training Agreement

1. I will abide by the Job Placement and Training Policies as set forth by the St. Croix Education/Youth Program
2. I will submit an updated schedule of classes, grades, and tuition bill for each term.
3. I will remain in school to complete my chosen program as noted in educational plan within the set time frame.
4. If I withdraw from school or choose to take time off, I will notify the St. Croix Education/Youth Program.
5. If I withdraw from the program without proper reason and documentation, I may lose the opportunity to receive the grant until further notice.
6. If I drop classes which have been paid for through the JPT without valid reason/documentation, I may be subjected to pay the money back to the program. This will include money disbursed for tuition, fees, and books.
7. If I fail to maintain the minimum GPA requirement of 2.5 for undergraduates and 3.0 for graduate, I may be placed on academic probation/suspension until further notice.

I have read and understand the Job Placement and Training Agreement, and I will comply with the conditions set forth.

Student/Parent Signature _____

Date: _____

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St. Croix Education/Youth Program

Job Placement and Training Program Certification

APPLICATION NAME _____

APPLICATION DATE _____

SCHOOL & LOCATION _____

- **SCHOOL ACCEPTANCE LETTER ON FILE**
- **HIGHSCHOOL DIPLOMA/HSED/GED ON FILE**
- **JOB PLACEMENT AND TRAINING APPLICATION**
- **JOB PLACEMENT AND TRAINING AGREEMENT SIGNED**
- **AUTHORIZATION TO RELEASE INFORMATION**
- **STUDENT CONTACT FORM**
- **EDUCATIONAL (GOALS) PLAN FOR 2/3 YEAR**
- **STUDENT PROGRESS REPORT (GRADES)**
- **CLASS SCHEDULES (REQUIRED EACH SEMESTER)**
- **MEET SPECIFIC ANCESTRY REQUIREMENTS**
- **FAFSA REPORT (EFC DETERMINED)**

I certify that my application and appropriate documents are on file and have been reviewed. The above applicant has met program requirements and will be notified of St. Croix Scholarship acceptance.

Karen Washington, St. Croix Education

Date

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St. Croix Education/Youth Program

Authorization for the release of Information

Student _____
 First M.I. Last

My School Identification number is _____

The signature authorizes the release of records and information for the purpose of monitoring progress as required for the St. Croix Tribal Scholarship.

STUDENT/LOGIN INFORMATION:

Name: _____ (student)

Login Username: _____

Password: _____

I hereby give my permission to the Institution/College I am attending to release my grades, class schedule, and provide my tuition/book/fees billing to the St. Croix Chippewa Indians of Wisconsin-St. Croix Education/Youth Program. This information is to be solely used for eligibility of the JPT Program which may provide academic financial assistance.

Student Signature _____ Date _____

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St. Croix Education/Youth Program

Student Contact Form

Name: _____

Address: _____

Telephone

Home: _____

Cell: _____

Alternate: _____

Email: _____

Advisor Name: _____

Other contact information/notes:

