



APSÁALOOKE NATION DEPARTMENT OF EDUCATION

P.O. BOX 159 Crow Agency, MT 59022 (406) 426-4680

Loretta Three Irons, Education Director

Alberta Wall Jobs Placement and Training Coordinator

25 CFR 26.5 (c): YOU MUST BE UNDEREMPLOYED OR UNEMPLOYED TO QUALIFY FOR FUNDING. THESE FUNDS ARE USED FOR COSTS OF OBTAINING SKILLS TO RETAIN A JOB LEADING TO SELF-SUFFICIENCY.

Crow Tribe Jobs Placement

Crow Tribe Job Placement and Training, BIA Model Contract Agreement Contract No. A12AV00409

Mail to

Apsáalooke Nation Department of Education

P.O. Box 159

Crow Agency, MT 59022

Or

Crow Tribe Education Office, Heritage Road
(Located at the lower level next to old casino)

PHONE (406) 426-4680

alberta.wall@crow-nsn.gov



Crow Tribe Job Placement, (JP) Scholarship Application

BIA Model Agreement Contract Jobs Placement Assistance Training program

25 CFR Part 26 JOB PLACEMENT

Submit the following required documents. Files will not be reviewed until completed.

No action will be taken on this application until the application is complete with the required documents.

- A complete Crow Tribal Job Placement, (JP) scholarship training application § 26.25 _____
- Official High School Transcripts/GED or HiSet Transcripts or College Transcripts _____
- Certificate of Indian Blood, (CIB)/or Crow Tribal ID § 26.25(c) _____
- Personal Letter of Request — Stating your future plans & what the scholarship funds will be used for. _____
- Employer certification of hire stating a need for training, required clothing, etc. § 23.25(f) _____
- Acceptance letter from the institution/college to include start and end date _____
- Official class schedule with the credit hours stated on the document _____
- Financial needs analysis, budget breakdown or a cost of training invoice. § 26.32(d) _____
- Selective Service – **MALES ONLY** §26.25(d) _____
- Individual Self-Sufficiency Plan, (ISP) §26.25(b) _____
- File Completion §26.32 _____

§ 26.37 – Students must maintain the minimum academic requirements and be in good standing as set forth by the learning institute. If an applicant is separated from training for good cause, the applicant may be responsible for repaying any portion of the misused funds.

§ 26.5(c) – Applicant must be unemployed or underemployed,(means the applicant is working but whose income is insufficient to meet essential needs.

It is the responsibility of the applicant to ensure the completeness of the application packet and all required documents. A complete application w/required documents must be in the Jobs Placement & Training office within three (3) weeks prior to the training start date. This allows sufficient time for the applicant to fulfill all application requirements.

NOTES:

COORDINATOR: _____

CONCUR: _____

Crow Tribal Education Director

**Crow Tribal Education Department
 Crow Jobs Placement and Training Program's Needs Analysis
 P.O. Box 159
 Crow Agency, MT 59022
 Phone: (406)426-4680**

I. TO BE COMPLETED BY THE STUDENT – Then submitted to the College/Institution's Financial Aid Office

Name: _____ Social Security number: _____ - _____ - _____

Home Address: _____

Street or P.O. Box City State Zip Code

Length of Residency: _____ Telephone: _____ Cell Number: _____

Year in College _____ Major _____ Marital Status ___S___M___D___W

Number of Dependents: _____ This student is considered: Independent _____ Dependent _____

II. TO BE COMPLETED BY THE FINANCIAL AID OFFICER:

This student has applied for the Crow Jobs Placement and/or Training Program(s) scholarship(s). Verified Needs Analysis information is requested from your office before we can act on the student's scholarship application. We appreciate your assistance. Please complete this form and return it by mail to the Crow Tribal Education Department, P.O. Box 159, Crow Agency, MT 59022.

BUDGET PERIOD BEGINNING: _____ TO: _____ Start Date: _____

EXPENSES	RESOURCES	CAMPUS BASED/OTHER AID
Tuition \$ _____	Tribal Assistance \$ _____	Federal Pell \$ _____
Fees \$ _____	EFC/SAI \$ _____	Federal SEOG \$ _____
Books/Supplies \$ _____	Veteran's Benefits \$ _____	Federal Perkins \$ _____
Room/Board \$ _____	AFDC/Welfare \$ _____	Federal CWS \$ _____
Transportation \$ _____	Social Security \$ _____	Scholarship(s) \$ _____
Personal \$ _____	MT Indian Fee Wavier \$ _____	Stafford Loans \$ _____
Child Care \$ _____	Vocation Rehab. \$ _____	Other \$ _____
Other \$ _____		
Leveraging Education \$ _____		
Assis. Partnership (LEAP) _____		

TOTAL EXPENSES \$ _____ TOTAL RESOURCES \$ _____

Student's UNMET NEED or Recommendation Amount: \$ _____ (Expenses minus Resources)

 Financial Aid Officer Date Telephone Number

 Name of Institution Address

The student is responsible for ensuring these required documents are in his/her file. All forms must be submitted to the Crow Tribe's Education Department's Jobs Placement (JP) Office before your application can be processed. **25 CFR 26.5 (c): YOU MUST BE UNDEREMPLOYED OR UNEMPLOYED TO QUALIFY FOR FUNDING. THESE FUNDS ARE USED FOR THE COSTS OF OBTAINING SKILLS TO RETAIN A JOB LEADING TO SELF-SUFFICIENCY.**

CROW TRIBE

JOB PLACEMENT (JP) SCHOLARSHIP APPLICATION

Crow Tribe Job Placement and Training Scholarship Programs

Information Record

Name: _____ Mailing Address: _____

Physical Address: _____

Date of Birth: _____ Social Security #: _____

Telephone No: _____ Email address: _____ Marital Status: ___ Single ___ Married ___

_____ Divorce ___ Separated ___ Widow ___

No. Of Dependents _____ Veteran _____ Y

In case of Emergency: _____

Name: _____ Phone: _____

Education

Highest Grade Completed: _____

Name of School: _____ Date(s) Attended : _____ Telephone No: _____

Type of Training you are interested in: _____ On the job Training _____

Do you have any physical limitations that would interfere with your training or employment? ___Y ___N

If yes, please explain _____

Have you had previous training? ___Y ___N

If yes, please explain _____

Employment Record: (List your last three periods of employment)

1. From: _____ To: _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

2. From: _____ To: _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

3. From: _____ To: _____ Employer Name & Address: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

To be signed by the applicant:

I hereby agree to attend the training and agree to follow all rules, regulations, and attendance requirements and to the best of my ability, will satisfactorily complete the course. I further agree that the funds issued to me for training purposes by the Crow Jobs Placement scholarship program will be specifically used for my training or repayment is required by Federal Law. I authorize the school to release any information needed to the Crow Tribal Education Department.

Date: _____ Applicant Signature: _____

CROW TRIBE JOB PLACEMENT AND TRAINING PROGRAM BIA Model Contract Agreement Contract No. A12AV00409

INDIVIDUAL SELF-SUFFICIENCY PLAN, (ISP) (25 CFR § 26.18 (e))

APPLICANT NAME: _____

DATE OF PLAN: _____

I understand the purpose of this Individual Self-Sufficiency Plan (ISP) is to meet the goal of becoming employable through specific action steps. I understand that I am required to follow the steps developed in this ISP and I must participate in activities developed in the plan that will promote my self-sufficiency. I also understand that if there are any changes to be made that I will contact the Crow Tribe Job Placement and Training Office in a timely manner to ensure my success.

GOALS FOR SELF SUFFICIENCY

What is your short-term employment goal(s) to be self-sufficient? _____

What is your long-term employment goal to be self-sufficient? _____

BARRIERS TO STUDENT/TRAINEE REACHING SELF SUFFICIENCY

Health Mental Health Substance Abuse Dependency Age Factor Disability(s) High School Diploma/GED Limited Education Socialization-Coping Skills Career Awareness/Orientation Selective Service No Driver's License Tribal Affiliation/CIB Birth Certificate Limited/No Work History Child care Family Obligation Age Factor Pregnant/Parenting Teen Homeless Domestic Violence/Abuse Statement of Financial Need Social Security Card Transportation

IDENTIFY STRENGTH STUDENT/TRAINEE REACHING SELF SUFFICIENCY

Identify Strengths: _____

STEPS NEEDED TO ACHIEVE SELF SUFFICIENCY

WORK ACTIVITIES

- Job Search
- Employment: full-time or part time
- Volunteer Work Experience
- Job Shadowing
- On-The-Job-Training
- Job Readiness

EDUCATION

- High School Diploma
- GED
- GED Prep
- AVT Jobs and Training
- Literacy Improvement
- Employment Counseling

OTHER ACTIVITIES

- Life Skills Instruction
- Parenting Workshop
- Child Care Assistant
- Child Support
- Vocational Assessment
- Drug/Alcohol Treatment

SELF SUFFICIENCY ACTION PLAN & GOALS

GOAL #1

Goal #1 Revised

ACTION STEPS FOR GOAL #1

DATE TO BE
ACHIEVED

DATE
COMPLETED

1.

2.

GOAL #2

Goal #2 Revised

ACTION STEPS FOR GOAL #2

DATE TO BE
ACHIEVED

DATE
COMPLETED

1.

2.

GOAL #3

Goal #3 Revised

ACTION STEPS FOR GOAL #3

DATE TO BE
ACHIEVED

DATE
COMPLETED

1.

2.

**JOBS & TRAINING COORDINATOR AND STAFF ACTIVITY
WITH TIME FRAME (25 CFR 26.23)**

**DATE TO BE
ACHIEVED**

**DATE
COMPLETED**

1.

2.

Signature of Applicant

Date

Jobs Placement & Training Coordinator

Date