



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 Jobs Training Program Application

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

Return by mail to

Apsáalooke Nation Department of Education

P.O. Box 159

Crow Agency, MT 59022

Or

Crow Tribe Education Office, Heritage Road by old casino Entrance

PHONE (406) 426-4680

alberta.wall@crow-nsn.gov



Please be aware the Crow Tribe Jobs Training scholarship has [limited funding available](#).

25 CFR PART 26

Required Documents

- ❖ A complete Crow Jobs Training scholarship application §26.32(a) _____
- ❖ A letter of acceptance from the college or training facility you will attend §26.32(e) _____
- ❖ High School transcripts with completion date/GED/HiSET transcripts,
(New H.S. graduates please submit a copy after your graduation date,
or college transcripts. _____
- ❖ **Continuing students need to submit an updated copy of an Official Transcript,
Class Schedule, and Plan of Study §26.37** _____
- ❖ **Financial Needs Analysis:**
(Student fills out Part I of the Needs Analysis and sends the form to the college's financial
aid office. The financial aid office will fill out Part II and forward the form to our office.)
Please note, you need to complete and submit your FAFSA. _____
- ❖ Certificate of Indian Blood, (CIB) or Crow Tribal ID §26.32(c) _____
- ❖ Personal letter of request _____
- ❖ Selective Service (**Males only**) §26.32(d) _____
- ❖ Individual Self-Sufficiency Plan, (ISP) §26.9(c) _____
- ❖ Proof of residency for the last six months §40.1 _____
- ❖ Class Schedule _____
- ❖ Received AVT/Jobs counseling after the file is complete §26.32(h) _____
- ❖ File Completion _____

Coordinator Notes:

Coordinator: _____

Education Director Concur: _____

APPLICATION PROCEDURE FOR The CROW/JOBS TRAINING, (JT)

The Crow Jobs Training scholarship program provides supplemental financial assistance to eligible enrolled Crow Tribal members attending an approved accredited Vocational/Technical school or Junior College. Applicants must complete the following steps to ensure that your application for financial assistance can be processed in a timely manner. Reminder: The Jobs Training, (JT) scholarship application must be completed. An official transcript and current class schedule must be submitted after every quarter/semester for continuing students. A Plan of Study also needs to be submitted upon acceptance into a program.

1. To determine eligibility for funding, each student must complete a Crow JT scholarship program application.
2. Application for admission and required fees are the student's responsibility. Application for admission should be made at the same time as the Crow JT scholarship application. Both should be completed early. The JT scholarship application must be in three weeks prior to attending the college.
3. Students must provide the Crow JT scholarship program with a High School Diploma/Transcripts or GED/HiSET Certificate. If the student previously attended college, an official transcript is required.
4. Students must furnish the Crow JT scholarship program with a copy of an official acceptance letter from the school they plan to attend.
5. Applicants must be full-time students. **Students must maintain a GPA of 2.0 with a minimum of 12 credits per quarter/semester to continue satisfactory eligibility requirements. Remember the Crow JT scholarship program can be for two, (2) academic years, for an associate degree. Except for the LPN/RN programs. The nursing program funding is for three, (3) years. The student must follow their degree's plan of study to complete their field of study in the allotted time.**
6. Crow JT scholarship program is based on the student's "financial needs analysis". Students are required to apply and complete the college's financial aid process for the school. This determines your unmet need. If you are attending a Montana State college, please apply for the State Indian Fee Waiver.
7. Each institution processes the financial aid awards. Each school will recommend the Crow JT scholarship program to fulfill a portion of the student's education costs (UNMET need).
8. **A complete financial aid packet application is mandatory before a determination of financial UNMET need is made.** Financial Aid Applications must be completed sixty days prior to the student's enrollment date. Filling out an application and filing on the internet will save you time.
9. Remember – it is the **student's responsibility** to:
 - A. Apply for admission and pay any required deposit or fees.
 - B. Complete their financial aid process to obtain the financial aid award letter dormitory/housing.
 - C. Complete their file at the Crow JT scholarship program.
10. Applicants for the Crow Jobs Training scholarship program must reside on or near the boundaries of the Crow Indian Reservation. On or near is defined according to the Crow Indian Agency's Social Service area which include the Crow Reservation and the Community of Hardin which is adjacent to the Crow Reservation. Billings, MT is **NOT** on or near the Crow Reservation.

YEAR LEVEL/CREDITS:

Student grade level will be determined as follows:

	<i>SEMESTER CREDITS</i>	<i>QUARTER CREDITS</i>
<i>Year 1/Freshman</i>	<i>0-30</i>	<i>0-36</i>
<i>Year 2/Sophomore</i>	<i>31-60</i>	<i>37-84</i>
<i>Year 3/Junior</i>	<i>61-91</i>	<i>85-132</i>

***Students must earn a minimum of a 2.0 grade point average and earn 12 credit hours each term.**

NOTE: The Apsáalooke Nation Education Jobs Training scholarship program will only fund one of the following types of degrees: **One - Year Certificate; AA/AAS/AS. Exception is the Nursing programs.** Once a student has earned their one-year certificate or an AA/AS/AAS, they are expected to acquire gainful employment from the skills and knowledge learned in the career field of choice.

For further questions please call (406) 679-1102 or Alberta Wall (406) 426-4680. You are personally responsible for making sure these documents are in your file. All these forms must be submitted to the Crow Jobs Placement and Training Office before your application can be reviewed and processed.

All appeals can be filed with the Crow Tribe Education Office. §26.38. Subpart D – Appeal by an applicant. The letter informing you of the decision on your application will include information on how to appeal. A student has the right to appeal a decision made by the Crow Jobs Training scholarship program to the Crow Tribal Education Committee within ten (10) working days of the receipt of the letter rendering a decision such as academic suspension, academic probation, any change of funding level and repayment in the event the student must pay back funding due to dropping out early. The student must appeal in writing with supporting documents to ***the Crow Tribal Education Committee, P.O. Box 159 Crow Agency, MT 59022.***

The Crow Tribal Education Committee will address the appeal at their next monthly meeting and rule on the final decision. The decision from the Crow Tribal Education Committee is final.

Jobs Training, (Adult Vocational Training)
SCHOLARSHIP APPLICATION

Information Record

Name (last, first, middle initial)

Mailing Address

Physical Address/home location for residency requirements

Date of Birth _____

Social Security # _____

Telephone No. _____

Email Address _____

Marital Status: Single Married

Divorced Separated Widow

No. of Dependents _____

Veteran Y N

Dependents who will be living with applicant at college/institution:

Name

Relationship

Birth date

In case of Emergency: _____

Name

Address

Phone No.

Education: Highest Grade Completed: _____

Name of School

Date Attended

Telephone No.

Type of **Training/Major/Career** Choice you are interested in:

School you will be attending: _____

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: _____

To be signed by the applicant:

I hereby agree to attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school and to the best of my ability will satisfactorily complete the field of study which I have selected. I further agree that the funds issued for my education/training purposes by the Crow Jobs Training Scholarship Program will be only for the purpose of my education/training or repayment will be made by me. **I understand that if I am eligible for other training funds, such as the Pell Grant etc. This will be included when computing my Financial Aid Package. I further agree to use those funds for the purpose intended.** I authorize the school to release information needed for the Crow Jobs Placement and Training Scholarship Programs.

Signature of Applicant

Date

Privacy Act and Paperwork Reduction Act Statement:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13(42 stat 208) and P.L. 84-959 (70 stat 9869) as amended by P.L. 88-230 (77 stat 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary but required to obtain benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is for the Crow Jobs Training scholarship program. After completion of training, parts, or all of the information in your application will be use in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in this application.

I have read the above statement and I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant Signature _____ **Date** _____ **Interviewer** _____

AUTHORIZATION AND AGREEMENT FORM

I hereby agree to attend classes on a regular basis and to carry at least 12 credits or the equivalent each school term and to the best of my ability, satisfactorily complete the courses-field of study, which I have selected. I also agree that the funds issued for my training purposes will be used for training purposes only or **REPAYMENT** will be made to the Crow Job Placement and Training Scholarship Programs. I understand that all federal funding available to me will be included when computing my financial aid package and I agree to use these funds for the purposes intended. I authorize the school to release my official transcripts, attendance, and income information to the Crow Jobs Placement and Training Scholarship Programs.

Signature of Applicant _____
Date

I further agree to authorize the Crow Jobs Placement and Training Scholarship Program’s personnel to request and receive personal income information from the following resources:

- Sign each line that applies to you:
1. Social Security Administration _____
 2. Department of Public Welfare _____
 3. Veteran’s Administration _____
 4. Bureau of Indian Affairs _____
 5. (Other) _____

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

I. TO BE COMPLETED BY THE STUDENT:

Name: _____ Social Security No. ____-____-____

Home address: _____

Street or P.O. Box City State Zip

Length of Residency: _____ Telephone: _____

Year in College: _____ Major: _____ Marital Status __S__M__D__W

Number of Dependents: _____ Vocational Goal: _____

II. TO BE COMPLETED BY THE FINANCIAL AID OFFICER

This student has applied for the Crow Jobs Training Scholarship Program. Verified financial need information is required from your office before we can act on the student's application. We would appreciate your assistance if you would complete and forward this form to our office.

Budget Period: From; _____, To: _____, Will begin on: _____

This student is considered: Independent _____ Dependent _____

EXPENSES	RESOURCES	
Tuition _____	EFC/SAI (parent/student contribution) _____	
Fees _____	FEDSEOG _____	
Books/Supplies _____	FEDPELL _____	
Room/Board _____	FEDPERKINS _____	
Transportation _____	FEDCWS _____	
Personal _____	Leveraging Educational _____	
Child Care _____	Assistance Partnership (LEAP) _____	
Other _____	State (Indian) Fee Wavier _____	
	Voc. Rehabilitation _____	
	VA _____	
	Scholarships _____	
	Other _____	

TOTAL: \$ _____

TOTAL: \$ _____

We recommend that the Crow Jobs Placement and Training Scholarship Program consider awarding this student's Unmet Need of, (Expenses minus resources): \$ _____

Financial Aid Officer Date Telephone

Name of Institution Date Telephone

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?

- | | | |
|---|--|--|
| <input type="checkbox"/> Job Search | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Life Skills Instruction |
| <input type="checkbox"/> Employment: full time or part time | <input type="checkbox"/> GED | <input type="checkbox"/> Parenting Workshop |
| <input type="checkbox"/> Volunteer Work Experience | <input type="checkbox"/> GED Prep | <input type="checkbox"/> Child Care Assistant |
| <input type="checkbox"/> Job shadowing | <input type="checkbox"/> AVT Jobs & Training | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> On-the-Job-Training | <input type="checkbox"/> Literacy Improvement | <input type="checkbox"/> Vocational Assessment |
| <input type="checkbox"/> Job Readiness | <input type="checkbox"/> Employment counseling | <input type="checkbox"/> Drug/Alcohol Treatment |

BARRIERS TO STUDENT/TRAINEE REACHING SELF SUFFICIENCY:

Identify barriers:

IDENTIFY STRENGTH STUDENT/TRAINEE REACHING SELF SUFFICIENCY:

Identify strengths:

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

Signature of Jobs & Training Coordinator

Date