

PROCESS FOR

SHORT TERM JOB PLACEMENT AND TRAINING

The Northern Cheyenne Tribal Education Department and Vocational Training Programs each have their own process. Please use the following guide to help you complete all your documents to assure your funding will be ready when you register for training

STUDENTS DO NOT DEPEND ON SOMEONE ELSE TO COMPLETE YOUR PAPERWORK
KEEP COPIES OF ALL YOUR DOCUMENTS

TELEPHONE NUMBERS: 1-800-353-8183, 477-6567 477-6643- 477-6770 477-6602 FAX: 477-8150

ADDRESS: NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT, PO BOX 307, LAME DEER, MT. 59043

APPLICATIONS CAN BE FOUND ON www.cheyennenation.com

NORTHERN CHEYENNE TRIBAL EDUCATION

DOCUMENT REQUIREMENTS

- | | Filled out and submitted Tribal Education application
- | | 6th semester high school transcript (graduating senior
- | | Official College/high School Transcript/GED Scores
- | | Written Request for Training
- | | Copy of Degree of Indian Blood Certificate
- | | Acceptance letter from training program
- | | Copy of Admissions Form for Training
- | | Submit Cost of Training
- | | Deadline – On Going for Short Term Training
- | | Self sufficiency Plan
- | | Applied for other sources of funding (Requirement)

Training must be instate or in the state of residence.

Only one service will be provided per individual.

Revised : 5/18/24

TRAINING PROGRAM

REQUIREMENTS

- | | Decide on Vocational Training
- | | Applied for admission to short term training
- | | Student applied for housing for short term Training (Responsibility of the student)
- | | Send final official high school/college or GED Scores to Admissions office (If needed)
- | | Sent immunization records to the votech or Community college (if needed).

FAXED APPLICATIONS AND SUPPORTING
DOCUMENTS WILL NOT BE ACCEPTED.

ON-LINE APPLICATION DOCUMENTS WILL
BE ACCEPTED WITH ELECTRONIC
SIGNATURE

**JOB PLACEMENT AND TRAINING APPLICATION
NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT
P.O. BOX 307
LAME DEER, MONTANA 59043**

(406) 477-6567 (406) 477-6602 (406) 477-6643 (406) 477-6770 Fax (406)477-8150 1-(800) 353-8183

Last Name _____ First Name _____ Middle _____ Maiden _____

Permanent Address _____ Current Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Social Security _____ - _____ - _____ Enrollment Number/Degree _____

Date of Birth _____ Telephone Number _____ Sex: Male () Female ()

Marital Status: S () M () W () D () Separated () Type of High School: BIA () Tribal Contract () Private ()

Public () High School Attended: _____ Year Graduated _____

GED () Home Schooled () Date Received _____

Vocational Training Requested: _____

Name of Institution _____ Fall () W () SP () SU () Year _____

City _____ State _____ Zip _____

Have you ever attended another college or training program? Yes _____ No _____ If yes, Where? _____

Transfer students must do a transcript evaluation.

Have you been funded by the Tribal Education Department? Yes _____ No _____ If yes, What year? _____

DEPENDENTS WHO WILL BE LIVING WITH APPLICANT AT SCHOOL

Name _____ Relationship _____ Birth Date _____

Name _____ Relationship _____ Birth Date _____

Name _____ Relationship _____ Birth Date _____

STATEMENT REGARDING DISCLOSURE OF PERSONAL INFORMATION

Disclosure by you of your social security number, transcript or school grades, medical records, income information, veterans status, arrest record, debt, disability evaluations and other information which may have a bearing on your application for schooling is voluntary. Failure to provide requested material may result in a delay or denial in receiving educational assistance. The authority which authorizes collection of information is: CFR 25, 34.2 USC 13 and 309 831 AM 4. The information will be used to determine eligibility for services. It will be used by the Tribal Education Department and school counselors to evaluate your request and assist you before and during your schooling. After completion of college, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control that need budgeting information contained in the application.

I AUTHORIZE THE USE OF INFORMATION IN THE ABOVE MANNER:

Signature _____ Date _____

E-Mail Address

5/9/23

NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT
MUST BE COMPLETED BY THE APPLICANT TO BE ELIGIBLE FOR A SCHOLARSHIP
RELEASE OF INFORMATION FROM THE VOCATIONAL TRAINING SITE

Please sign each section for each semester/quarter you will attend for your training program.

<hr/> Vocational Training Institute	<hr/> City	<hr/> State	<hr/> Zip Code
<hr/> Student Name (Please Print)	<hr/> Social Security Number or Student ID	<hr/> Date of Birth	

I hereby apply for and agree to attend the Vocational Training Institution indicated above. I will carry at least 12 or more credit hours as required in my course of study or 30 clock hours. I will do my best to satisfactorily complete the courses which I have selected. I further agree that the Tribal Education funds issued will be used for educational purposes or repayment will be made to the Tribal Education Department. I understand the PELL and other funding available to me will be included when computing my financial aid package and I agree to use funds for the purposes intended. **I authorize the Vocational Training Institution to release grades, mid-term progress reports, attendance information and I consent to release financial information to a third party. Information can be sent to the Northern Cheyenne Tribal Education Department, P.O. Box 307, Lama Deer, Mt. 59043.**

Signature

Date

.....

<hr/> Vocational Training Institute	<hr/> City	<hr/> State	<hr/> Zip Code
<hr/> Student Name (Please Print)	<hr/> Social Security Number or Student ID	<hr/> Date of Birth	

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Signature

Date

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Signature

Date

STUDENT RELEASE FORM

I _____ GIVE MY PERMISSION
(Signature)

FOR INFORMATION TO BE RELEASED TO THE NORTHERN CHEYENNE TRIBAL EDUCATION
DEPARTMENT AT LAME DEER, MT.

RELEASE FORM

I _____ GIVE MY PERMISSION
(Print Name)

FOR MY PARENTS/GRANDPARENTS _____ TO ACCESS
INFORMATION FROM MY TRIBAL EDUCATION STUDENT FILES.

SIGNED _____ DATE: _____
(Signature)

RELEASE FORM

I _____ GIVE MY PERMISSION
(PRINT NAME)

FOR MY PARENTS/GRANDPARENTS _____ TO ACCESS
INFORMATION FROM MY TRIBAL EDUCATION STUDENT FILES.

SIGNED _____ DATE _____
(Signature)

STATEMENT OF PRIVACY

The Privacy Act of 1974 requires each federal agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority whether granted by statute, or by executive order of the President which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
- B. The principal purpose or purposes for which the information is intended to be used;
- C. The routine uses which may be made of the information, as published pursuant to Paragraph (4) (D) of this subsection and
- D. The effects on him/her, if any, of not providing all or any part of the requested information.

The Northern Cheyenne Tribal Education Department Higher Education and Job Placement and Training Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, part 32 Administration of Education Loans, Grants and Other Assistance for Higher Education. In Accordance with the accountability required for administration of the funds appropriated for the program and in order to provide services to recipients and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education or vocational training scholarships under this program.

I have read the statement of privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

WITNESS

SIGNATURE OF APPLICANT

ADDRESS

DATE

JOB PLACEMENT AND TRAINING GUIDELINES

**STUDENT
ACKNOWLEDGEMENT**

THE JOB PLACEMENT AND TRAINING GUIDELINES ARE VERY IMPORTANT TO YOUR SUCCESS IN COMPLETING YOUR TRAINING. IT IS VERY ESSENTIAL THAT YOU READ AND UNDERSTAND THE GUIDELINES TO ASSURE YOU STAY IN COMPLIANCE WITH THE JOB PLACEMENT AND TRAINING PROGRAM. THE GUIDELINES WILL ASSIST YOU THROUGHOUT YOUR EDUCATIONAL PROGRAM.

NO FUNDING WILL BE PROVIDED UNLESS THIS DOCUMENT IS SIGNED AND RETURNED TO THE TRIBAL EDUCATION DEPARTMENT WITH YOUR APPLICATION.

I HAVE RECEIVED AND READ THE JOB PLACEMENT AND TRAINING GUIDELINES. I UNDERSTAND MY RESPONSIBILITIES AND AGREE TO ABIDE BY THESE GUIDELINES .

SIGNED _____

DATE: _____

Revised 5/9 /22

INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)

Name: _____ **Social Security Number:** _____

Address: _____ **Telephone** _____ **E-Mail** _____

Tribal Membership: _____ **Enrollment Number:** _____

Education: High School _____ **GED:** _____

Previous Training: _____ **Address:** _____

Post Secondary Education: _____ **Address:** _____

Previous Employment: _____

WIA Services: _____

Special Skills:

Request: Vocational Training: ____ **Job Placement:** ____ **On The Job Training:** ____ **Short Term** ____

Goals: _____

Action Plan Individual: _____

For Office Use Only:

Tribal Education Action Plan: _____

