

**PROCESS FOR**

**SHORT TERM JOB TRAINING AND PLACEMENT**

The Northern Cheyenne Tribal Education Department and Vocational Training Program 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 406- 477-6567 406- 477-6643 406-477-6770 406- 477-6602 FAX: 406-477-8150**

**ADDRESS: NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT, P.O. Box 307, LAME DEER, MT. 59043**

**NORTHERN CHEYENNE TRIBAL EDUCATION  
DOCUMENT REQUIREMENTS**

- | Filled out and submitted Tribal Education application  
(See deadlines below)
- | 7<sup>th</sup> semester high school transcript (graduating senior)
- | Official College/High School Transcript /GED Scores
- | Written Request For Training
- | Copy of Degree of Indian Blood Certificate
- | Copy of Admission Form
- | Copy of Acceptance Letter
- | Submit Cost of Training
- | Deadline – On Going For Short Term Training
- | 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**

**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 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 WILL NOT BE ACCEPTED.**

**FEDERAL EXPRESS MUST BE POSTMARKED  
BEFORE THE DEADLINES.**

**ON-LINE APPLICATION DOCUMENTS MUST BE  
MAILED TO THE TRIBAL EDUCATION  
DEPARTMENT**

Revised: 7/19/10

**JOB TRAINING AND PLACEMENT TRAINING SHORT TERM 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 1-(800) 353-8183**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Permanent Address \_\_\_\_\_ Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: S ( ) M ( ) W ( ) D ( ) Separated ( )

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_ Sex: Male ( ) Female ( )

Type of High School: BIA ( ) Tribal Contract ( ) Mission School ( ) Private ( ) Public ( )

High School Attended: \_\_\_\_\_ Year Graduated \_\_\_\_\_ GED ( ) Date Received \_\_\_\_\_

Name of Institution \_\_\_\_\_

Vocational Training Requested: \_\_\_\_\_

Length of Training: \_\_\_\_\_

Location of Training: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever attended another college or training program? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_

Have you been funded by the Tribal Education Department? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what year? \_\_\_\_\_

**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:**

\_\_\_\_\_  
e-mail address Signature Date

7/20/10

**NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT**  
**MUST BE COMPLETED BY THE APPLICANT TO BE ELIGIBLE FOR A SCHOLARSHIP**

Please sign each section for each semester/quarter of attendance:

\_\_\_\_\_  
Vocational Training Institute

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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 that 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 financial information to the Northern Cheyenne Tribal Education Department.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Vocational Training Institute

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I hereby apply for and agree to attend the Vocational Training Institution indicated above. I will carry 12 or more credits at 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 that 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 financial information to the Northern Cheyenne Tribal Education Department.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Vocational Training Institute

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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7/15/09

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**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 Adult Vocational Training Assistance 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 or 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 ADULT VOCATIONAL 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 AS SOON AS POSSIBLE.**

**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 7/15/10**