



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS

Turtle Mountain Agency

P.O. Box 60

Belcourt, North Dakota 58316

Job Placement and Training

701-477-6176 (T)

701-477-6628 (F)

Dear Job Placement and Training Client:

DO YOU NEED FINANCIAL ASSISTANCE TO ATTEND COLLEGE IN A CAREER AND TECHNICAL EDUCATION TRAINING PROGRAM? If so, Job Placement and Training provides financial assistance to eligible individuals who are pursuing a Certificate, Diploma, or an Associate of Applied Science program.

If you plan to attend a Career and Technical Education program, please complete the attached packet, and also provide the additional information as requested to determine if you will be eligible for financial assistance:

- Application for Job Placement and Training Assistance
- Individual Self-Sufficiency Plan
- Release of Information

In addition to the application packet, please submit copies of the following:

- High School Transcript or copy of GED
- College Transcript(s) (from all colleges that you attended)
- Verification of Tribal Enrollment
- Verification that you resided in Rolette County for two months prior to the start date of your training program. The documentation must include verification for two months. Examples of verification may include income verification (check stubs), rent receipts, General Assistance (GA), Temporary Assistance for Needy Families (TANF), SNAP (Food Stamps). Verification from a family member is a last resort, and the form must be notarized. Current high school graduates from a high school in Rolette County do not need to provide documentation for residency.
- Acceptance letter from the College Admissions Office
- Financial Aid – Official Award completed by the Financial Aid Officer at the college you will be attending. An applicant must apply for the Free Application for Federal Student Aid, be eligible for Pell Grant funds (and the Pell Grant must be available for use by the College), or have an unmet need that is determined by the Financial Aid Office in order to be considered for possible financial assistance from Job Placement and Training.
- Class Schedule.

The above information must be completed and forwarded to the Bureau of Indian Affairs, Turtle Mountain Agency, Job Placement and Training, P.O. Box 60, Belcourt, ND 58316. Failure to provide this information means that you file will remain incomplete. Once we receive a completed application, we will notify you in writing regarding the status of your request for financial assistance from Job Placement and Training.

If you have any questions, please call Brenda L. Davis at Job Placement and Training. The telephone number for Job Placement and Training is 701-477-6176.

U.S. DEPARTMENT OF THE INTERIOR

BUREAU OF INDIAN AFFAIRS

APPLICATION FOR JOB PLACEMENT AND/OR TRAINING ASSISTANCE

INFORMATION RECORD

Name (Last, First, Middle Initial)		Mailing Address:		
Maiden/other names used		Telephone No. ()		
Veteran: Yes: _____ No: _____	Marital Status: Single _____ Separated _____ Widowed _____ Married _____ Divorced _____ Other _____		Number of Dependents: Dependents _____ Children in School _____	
Services Applying for: Job Placement _____ Job Training _____ Other _____	Request (Circle) Initial _____ JP Repeat 1 2 3 _____ JT Repeat 1 2 3 _____	Agency: _____ Region: _____	In Case of Emergency: Name: _____ Address: _____ Telephone No. _____	

EDUCATION:

Highest Grade Completed: _____ Schools attended and dates: _____

Type of training or kind of job you are interested in: _____

Do you have any physical limitations that would interfere with your training or employment? Yes _____ No _____
 If yes, please explain: _____

Training or Job location desired: _____

For Training:

Course No. and Title: _____
 School and Address: _____

Do you have income from any source? Yes _____ No _____ If yes, please explain _____

EMPLOYMENT RECORD: (List your three most important periods of employment.)

From: _____ To: _____ Name and Address of Employer: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

From: _____ To: _____ Name and Address of Employer: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

From: _____ To: _____ Name and Address of Employer: _____

Job Title: _____ Description of Duties: _____

Reason for leaving: _____

**U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

Page 2

TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply 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 course, which I have selected. I further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the U.S. Government. I understand that if I am eligible for other training funds, such as Pell Grant, etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income information to the Bureau of Indian Affairs' personnel. _____(initial)

PAPERWORK REDUCTION ACT AND PRIVACY ACT STATEMENT:

Paperwork Reduction Act Notice of 1995 (C.F.R. Part 1320): This information is being collected to determine the eligibility for Job Placement and Training services. Response to this request is required to obtain financial assistance. An agency may not collect or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this collection is 1076-0062.

Burden Estimate Statement: Public reporting burden for this form is estimated to average 30 minutes per response. Send comments regarding the burden estimate or aspects such as utility of information or relatedness to mission of BIA, to Information Collection Clearance Officer, BIA; 625 Herndon Parkway, Herndon, VA 20171.

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. 986) as amended by P.L. 88-230 (77 Stat. 471, 24 U.S.C. 309)
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain a benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information by the BIA and school counselors is to evaluate your request and to assist you before and during your Job Placement and Training activities. After completion of training, or a Job Placement, 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 persons involved in financial control who need budgeting information contained in this application.
5. Failure to provide requested information may result in a delay (or denial) in receiving the training or Job Placement assistance you are seeking.

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

(Applicant's Signature)_____
(Date)_____
(Interviewer's Signature)_____
(Date)**FOR AGENCY USE:**

I certify that _____ is _____ degree of Indian blood, and a member of the
_____ Turtle Mountain Band of Chippewa _____ Tribe and is/is not eligible for training or job placement services.

Recommended by: _____ Brenda L. Davis _____

Approved: _____

Title: _____ Vocational Development Specialist _____

Title: _____ Agency Superintendent _____

If required, Regional Action taken: Approved _____ Disapproved: _____

(Regional Director)

DISPOSITION OF THIS CASE:

Trainee is currently a permanent employee and has remained employed for at least 90 days. Yes _____ No _____
Earnings: \$ _____ pre-Job Placement & Training Service \$ _____ post-Job Placement and Training Service

Upon completion, trainee received Certificate _____ Degree _____ (2 yr/4yr/Grad) Trainee dropped out(reason): _____

(Caseworker's Signature)_____
(Date)

JOB TRAINING

What are your long-term employment goals – explain? _____

If you have to relocate to attend college, have you checked into on or off campus housing? _____

What amount will you be paying for rent and how will this be paid? _____

Have you checked with Housing Assistance Program (HAP) to assist with your monthly rent? _____

Have you attended college before? Yes _____ No _____

If yes, where? _____

You might be required to maintain approximately 15-21 credits or 30-40 hours per term depending on your vocational choice. Are you willing to follow the curriculum outlined by the college for the vocational program you have selected? _____

Why didn't you complete your education, and will the reason you didn't complete be a factor this time? _____

Do you have reliable transportation to attend vocational training? _____

Have you applied for other income that will help pay for college expenses, such as Veteran's Administration, Workmen's Compensation, or Workforce Investment Act, etc. _____

Do you have children that will need childcare services, if so, have you checked into the Childcare program with the Tribe or State to assist with these expenses. _____

Do you have a disability or special needs, if so, have you checked with Vocational Rehabilitation regarding possible services for your disability or special needs. _____

Upon completion of your training, are you aware that Job Placement and Training may assist with relocation services if you find employment in your field of study. Services are provided based on availability of funds, and employment must be verified within one year after your graduation date. _____

Where will you seek employment (city & state)? _____

Are you familiar with the employment opportunities in your field of study, for the area you plan to work (city & state)? _____

Will these wages support your financial needs, as well as the financial needs of your family? _____

Comments: _____

I agree to the above recommendations for the Individual Development Plan. While I am participating in the Job Placement and Training program for the above services, I will maintain satisfactory progress. If satisfactory progress is not maintained, I understand that my services may be terminated. I agree that I must follow the curriculum outlined for the vocational training program I am pursuing. I hereby certify that the information provided herewith is true to the best of my knowledge. I understand that if the information is found to not be true I may be subject to immediate termination and/or prosecution for fraud and/or perjury.

Applicant's signature _____

Date _____

RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I have applied for financial services from Job Placement and Training, administered by the Bureau of Indian Affairs. As a result of my request for services, I am signing this release of information as it pertains to information they may need for transcripts, attendance, class schedules, or any additional information as it relates to my request for services from Job Placement and Training.

Please forward the requested information to:

BIA – Turtle Mountain Agency
Job Placement and Training
P.O. Box 60
Belcourt, ND 58316

Client's full name (Please print)

Maiden/other names used

Client's signature

Date



RESIDENCY AFFIDAVIT

State of North Dakota

County of _____

I, _____, do swear (affirm), under penalty of perjury,
Name of person that will be signing this affidavit

that I am the parent/grandparent/brother/sister/friend/nephew/niece/spouse of the individual needing
(circle one)

proof of residency. His/Her name is _____.

I know this individual has been a resident of Rolette County for the last 60 days immediately prior to
the date of this affidavit because he/she has lived with me at this physical address.

My physical address is:

My mailing address is:

Signature of person making affidavit

NOTARY CERTIFICATION

Sworn to and subscribed before me this _____ day of _____ (month), 20____.

Signature of Notary Public

Name of Notary Public (print your name)

Notary Public, State of North Dakota

My commission expires: _____

STAMP

FINANCIAL AID – OFFICIAL AWARD

701-477-6176 (telephone)

701-477-6628 (fax)

THIS SECTION TO BE COMPLETED BY APPLICANT:

NAME: _____ TRIBE: _____

ADDRESS: _____
STREET OR BOX # CITY STATE ZIP CODE

TELEPHONE NO: _____

YEAR IN COLLEGE: _____ VOCATIONAL CHOICE: _____

MARITAL STATUS: _____ NUMBER IN HOUSEHOLD: _____

THIS SECTION TO BE COMPLETED BY FINANCIAL AID OFFICE:

I have applied for funding with Job Placement and Training, Turtle Mountain Agency. However, before any action can be taken on my application, the Job Placement and Training program needs the bottom portion of this form completed regarding my financial aid. When all the necessary information is on file in your office (do not include estimated information), please complete and fax to 701-477-6628 or mail to: Bureau of Indian Affairs, Turtle Mountain Agency, Job Placement and Training, P.O. Box 60, Belcourt, North Dakota 58316.

This student is living: off campus _____ on campus _____

Budget period: from: _____ to _____
month/day/year month/day/year

COST OF ATTENDANCE:

Tuition _____
Books _____
Fees _____
Room _____
Board _____
Travel _____
Other _____
Other _____
Other _____

RESOURCES:

Parental Contribution _____
Student Contribution _____
Spouse Contribution _____
Veteran's Benefits _____
Social Security Benefits _____
TANF/General Assistance _____
Tribal Scholarship _____
Tuition Waiver _____
Pell Grant _____
Work Study _____
SEOG _____
Workforce Investment Act _____
Voc. Rehab. Services _____
ND Indian Scholarship _____
Other _____
Other _____
Other _____
Other _____

TOTAL COST OF ATTENDANCE _____

TOTAL RESOURCES _____

Recommended unmet need: _____

Signature: _____

Financial Aid Officer

Date

Telephone No.

Name of College

Address

Zip Code