

## Oglala Sioux Tribe Job Placement & Training Program 111 West Main Street/P.O. Box 424, Pine Ridge, SD 57770

Phone: (605) 867-1007/1008 Fax: (605)867-2170



REVISED: 01/2023

#### ADULT VOCATIONAL TRAINING CHECKLIST

**Deadlines:** 

Fall Semester - July 1st

Spring Semester – November 15<sup>th</sup> Summer Semester – April 1<sup>st</sup>

| APPLICANT:                       | Attached | Notes                                  |  |  |
|----------------------------------|----------|--|--|--|
| Birth Certificate                |          | «Copy only                             |  |  |
| Social Security Card             |          | Copy only                              |  |  |
| Tribal Enrollment                |          | Copy only                              |  |  |
| High School Completion           |          | Copy of diploma/transcript/GED         |  |  |
| Military DD-214                  |          | Copy only, if applicable               |  |  |
| Needs Analysis Form              |          | Form in packet                         |  |  |
| Acceptance Letter from School    |          | Copy only                              |  |  |
| FAFSA (Pell) Submittal           |          | Noted on Needs Analysis form by school |  |  |
| Release of Information           |          | Form in packet                         |  |  |
| Individual Self-Sufficiency Plan |          | Form in packet                         |  |  |

| DEPENDENT(S):          | Attached | Notes  |
|------------------------|----------|--|
| Marriage License       |          | Copy only, if applicable                     |
| Birth Certificate      | 1        | Copy only for each dependent                 |
| Tribal Enrollment      |          | Copy only for each dependent                 |
| Social Security Card   |          | Copy only for each dependent                 |
| Guardian/Custody Order |          | Copy only if dependent other than biological |

This application and all supporting documents must be completed and submitted by the deadline before your application can be considered for funding. There are limited funds, we urge you to submit your application as soon as possible. Please keep application deadlines in mind.

If you have any questions or need information, please contact the OST Job Placement and Training Program staff at the telephone number listed above.



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The Oglala Sioux Tribe – Job Placement and Training Program is funded by the federal Bureau of Indian Affairs through a P.L. 93-638 contract. Federal regulations are required to be followed by the program and the students receiving funding. The program was established with the overall intent to help reduce the high unemployment and the dependence on welfare assistance, that exists on the Pine Ridge Indian Reservation. The program's aspiration in accomplishing this task is to assist individuals and/or married couples to seek training skills they can use to become self-sufficient and self-supporting individuals on or off the reservation.

The Adult Vocation Training Program provides adult Native Americans between the ages of 18 to 35 years of age who reside on or near reservations, an opportunity to learn employable skills. The program will assist in funding students for up to 24 months at a nationally accredited vocational training school; which offers courses in electronics, carpentry, masonry, computer technology, radiology, secretarial skills, nursing, cosmitology, auto/diesel mechanics, electrical technology and other two-year vocational fields.

The OST Adult Vocational and Training Program fund expenses for; 1) tuition, 2) books and 3) fees. However, the OST-AVT will be a **SECONDARY** funding source for each semester and may fund an amount up to and **NOT TO EXCEED** \$2,500.00. This amount will be applied to the semester bill **AFTER** FAFSA (PELL) and other financial resources are applied to the bill first.

A student **MUST** be eligible for FAFSA (PELL) before they are eligible for funding from the OST Adult Vocational Training Program.

Students may also be eligible for a monthly living stipend in the amount of \$500.00 per month; and an additional \$50.00 for each child **UP TO A MAXIMUM** of three (3) children. Eligibility for the monthly living amount is dependent on the Needs Analysis information completed by the school.

Students must meet the requirements of the program (attendance and GPA) in order to continue receiving the monthly living stipend; as well as the overall attendance and GPA for the semester. Students must ensure that monthly Progress Reports are submitted to the OST Job Placement and Training Program from the school they are attending.

There is also a short-term training program for those eligible adults who wish to receive training for training/certification programs; i.e., CDL, EMT, CNA, first aid, farrier, etc. The OST Job Placement and Training Program will fund an amount **NOT TO EXCEED** \$2,000.00. Monthly living stipends are **NOT** provided for short term training programs.

Funding from the OST Job Placement and Training Program is **NOT** allowed for individuals who have already received a post-secondary degree or training certificate.

Due to program budget constraints, the completion of your file does not guarantee funding for your education. Aside from the mandatory submittal of FAFSA (Pell) application, we encourage you to apply for other scholarships or sources of funding to help subsidize the cost of tuition, books and fees.

Incomplete applications after the deadline(s) will not be considered for funding, please ensure your application and all pertinent documents are submitted by the deadline.



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#### APPLICANT INFORMATION:

| Last Name                | First Name                 | Middle Name             | SSN             | DOB          |
|--------------------------|----------------------------|-------------------------|-----------------|--------------|
| Mailing Address          | City                       | State                   | Zip Code        | Home Phone # |
| Permanent Address        | City                       | State                   | Zip Code        | Cell Phone # |
| PERSON TO BE N           | OTIFIED IN AN EME          | RGENCY:                 |                 |              |
| EDUCATION:               | Name                       | Addre                   | ess             | Phone #      |
| High School Attende      | d:                         |                         | Date C          | ompleted:    |
| High School Address      | :                          |                         |                 |              |
| GED Completed (Da        | te):                       |                         | State GED Compl | eted:        |
| TRAINING/EDUCA           | ATION:                     |                         |                 |              |
| Field of training/educ   | ation you are requesting   | :                       |                 |              |
| Do you have physical     | limitations that will inte | erfere in your training | ng/education?   | _YesNo       |
| If yes, please explain:  |                            |                         |                 |              |
| Have you received an     | d completed previous tra   | nining?Yes              | No              |              |
| If yes, please list type | and where:                 |                         |                 |              |
|                          | from any other source, or  |                         | Pell)?Yes       | No           |
| SCHOOL/TRAININ           | G INFORMATION:             |                         |                 |              |
| Name                     | of school attending        |                         | Program/F       | ield Title   |
| Addre                    | ss of school attending     |                         | _               | Phone        |



## Oglala Sioux Tribe Job Placement & Training Program

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Date

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#### PLEASE READ THE BELOW THOROUGHLY AND INITIAL:

| 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 the OST Job Placement and Training Program, and to the best of my ability will satisfactorily complete the course which I have selected.   |
|---|
| I will carry and complete a minimum of 12 credit hours per semester/quarter.  |
| I will maintain a minimum of a 2.50 HPA (Grade Point Average) for every semester I am funded and will maintain a minimum 75% attendance, or higher, depending on the attendance requirement of the school I am attending.   |
| If I do not complete the requirements of the school or the OST Job Placement and Training Program, I may jeopardize my funding and may suspended from the program.  |
| I further agree that should I not successfully complete the program I am enrolled in, the funds issued on behalf of my tuition, books, fees, training and monthly stipends, I may be required to pay the total amount back to the OST Job Placement and Training Program; either in lump sum or an agreed upon payment arrangement. I further understand that should the repayment default, collection will be made through the OST Tribal Courts.  |
| I understand that if I am eligible for other training funds, such as Student Educational Opportunity Grants (SEOG), scholarships and loans, etc., this will be included when computing my financial aid package and I agree to use these funds for the purpose intended.  |
| I authorize the school to release my grades, attendance and income information to the OST Job Placement and Training Program personnel.   |
| FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT AND PAPER REDUCTION ACT:  1. 20 U.S.C. §1232g. Family Educational Rights and Privacy Act is a federal law that protects the privacy of student education records.   |
| <ol><li>Disclosure of the requested information by the applicant is voluntary, but required to obtain<br/>funding,</li></ol>  |
| <ol> <li>The purpose of this information collected is to determine your eligibility for services.</li> <li>The routine use of this information is by the Bureau of Indian Affairs and school personnel to evaluate your request and to assist you before and during your training. After completion of training, 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 school personnel who are working with you and who need background information, and by those individuals involved in financial control who need budgeting information contained in your application.</li> </ol> |
| <ol><li>Failure to provide requested information may result in a delay or denial in receiving training or<br/>Job Placement assistance you are requesting.</li></ol>  |
| 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 (Witness) Signature

#### OGLALA SIOUX TRIBE JOB PLACEMENT AND TRAINING PROGRAM ADULT VOCATIONAL TRAINING

#### **Individual Self-Sufficiency Plan**

|          | Name Program/Field Title   |  |  |  |  |  |
|----------|--|--|--|--|--|--|
| Requi    | rements of the OST-Job Placement and Training Program Adult Vocational Training are:   |  |  |  |  |  |
| 1.       | Applicant must be enrolled in a minimum of 12 credit hours per semester/quarter.   |  |  |  |  |  |
| 2.       | Applicant must complete each semester with a final GPA of 2.50 or higher   |  |  |  |  |  |
| 3.       | Applicant must attend class with a minimum of 75% attendance or meet the requirement of the school's attendance requirement, whichever is higher.  |  |  |  |  |  |
| 4.       | Applicant must ensure their school submits monthly Progress Reports to the OST Job Placement and Training Program reflecting the students' monthly GPA and attendance.   |  |  |  |  |  |
| 5.       | Applicant will meet the satisfactory benchmark on their ISP.   |  |  |  |  |  |
| 6.       | Applicant must report any changes to their education plan to the OST Job Placement and Trainin Program as soon as possible.  |  |  |  |  |  |
| 7.       | Applicant must notify, in writing and individually, the school and the OST Job Placement Training Program, if they are going to be absent for more than three days. If the reason for the absence in due to health issues, a doctor's statement must be submitted with the effective and return to school dates noted. |  |  |  |  |  |
| Non-C    | ompliance:   |  |  |  |  |  |
| 1.<br>2. | If the applicant does not comply with the ISP, they will be ineligible for the program. If the applicant withdraws from the vocational training after the school's add/drop date, the applicant will be ineligible for one semester.   |  |  |  |  |  |
| Applic   | ant responsibilities:  |  |  |  |  |  |
| 1.       | Applicant must participate in the program orientation prior to the beginning of the semester/quarter; the OST-JPTP Director will notify the applicant of date, time and place.   |  |  |  |  |  |
| 3        | Applicant must perform successfully in training developed in the ISP.  |  |  |  |  |  |
| 4        | Applicant must participate in evaluations of academic progress.  |  |  |  |  |  |
| ••       | Applicant must provide their class schedule, grades, financial Needs Analysis for each semester that the applicant attends (up to a maximum of 24 months).   |  |  |  |  |  |
|          |  |  |  |  |  |  |
|          | Applicant Signature OST-JPTP Director Signature  |  |  |  |  |  |
|          |  |  |  |  |  |  |

Date

Date

#### OGLALA SIOUX TRIBE JOB PLACEMENT AND TRAINING PROGRAM ADULT VOCATIONAL TRAINING

#### Individual Self-Sufficiency Plan

| Goals:  |
|---|
|   |
|   |
| Specific steps that will be made to accomplish the goal(s) identified:  |
| l   |
| <i>L</i>  |
| J.  |
| 4   |
| Applicant activities/tasks with target dates identified (Include short-term and long-term range):   |
| 1   |
| 2   |
| 3   |
| 4   |
| OST-JPTP Director's activities/tasks: 1 2.  |
| 2   |
| 3   |
| Progress of Applicant:  |
| Satisfactory – Explain:   |
|   |
| Jnsatisfactory – Explain:   |
|   |
|   |
| deferrals to other programs were (The Director must document and date the outcome of the referral, was not applicant eligible for those other services?):  Igher Education: |
| ANF:  |
| ther:   |
| ST-JPTP Form 01 Revised 06/2020   |

#### OGLALA SIOUX TRIBE JOB PLACEMENT AND TRAINING PROGRAM ADULT VOCATIONAL TRAINING

#### **RELEASE OF INFORMATION**

| To Whom It May Concern:   |  |
|---|--|
| I,(Print Name) my school file to the Oglala Sioux Tribe – Job Place | , hereby authorize the release of information from |
| financial funding.  |  |
|   |  |
| Signature   | Date   |

Oglala Sioux Tribe - Job Placement and Training Program
P.O. Box 424 \* Pine Ridge, SD 57770
T: 605/867-1007 \* F: 605-867-2170

### OFFICIAL FINANCIAL AID NEEDS ANALYSIS

| Last Name                       |                                     |                        | First                                 | Middle                                |          | Maiden             | Social Security Number  |
|---------------------------------|-------------------------------------|------------------------|---------------------------------------|---------------------------------------|----------|--------------------|-------------------------|
| Permanent Addi                  | ess                                 |                        | City                                  | S                                     | tate     | Zip Code           | Telephone Number        |
| Address While A                 | Address While Attending School City |                        | S                                     | tate                                  | Zip Code | Telephone Number   |                         |
| I hereby give<br>or as requeste | my consed by the                    | ent to have<br>OST Job | e my official or s<br>Placement and T | student copy of m<br>raining Program: | y curre  | ent term transcrip | ts released automatical |
|                                 |                                     | TO                     | DE COMPLES                            | THE DAY HAVE LAND                     | ~~       | Studen             | t Signature             |
| Vocational P                    | ogram E-                            | <u>10</u>              | BE COMPLE                             | TED BY FINAN                          | CIAL     | AID OFFICE         |                         |
| Nome of Cal-                    | ogram en                            | roned:                 |                                       |                                       |          | Months to Compl    | ete:                    |
| Calanda II                      | 001:                                |                        |                                       |                                       |          |                    |                         |
| School Addre                    | ss:                                 |                        |                                       |                                       |          | Phone #:           |                         |
| Contact Perso                   | n:                                  |                        |                                       | Date                                  | Receiv   | red in FAO:        |                         |
|                                 |                                     |                        |                                       |                                       |          |                    |                         |
| ne applicant                    | s imancia                           | ai aid Will            | cover the acade                       | mic period from                       |          | , 20 to            |                         |
| udget Cost:                     |                                     | <u>Fall</u>            | Spring                                | Summer                                |          | Resources          | & Other Aid:            |
| uition                          | \$                                  |                        | _ \$                                  | \$                                    |          |                    | ribution \$             |
| II Fees                         | \$                                  |                        | _ \$                                  |                                       |          |                    | tribution \$            |
| ooks                            | \$                                  |                        | _ \$                                  | \$                                    |          | Social Secur       |                         |
| niforms                         | \$                                  |                        | \$                                    | \$                                    |          | Veteran's Be       |                         |
| orm/Housing                     | \$                                  |                        | \$                                    | \$                                    |          | Voc. Rehabi        |                         |
| OTAL:                           | \$                                  |                        | \$                                    |                                       |          | Off Campus         | Scholar. \$             |
|                                 |                                     |                        |                                       |                                       |          | State Indian       |                         |
|                                 |                                     |                        |                                       |                                       |          | State Schola       |                         |
| deral Aid:                      |                                     | <u>Fall</u>            | Spring                                | Summer                                |          | State Studen       | t Incent. \$            |
| E.L.L.                          |                                     |                        |                                       |                                       |          | TOTAL:             | \$                      |
| E.O.G.                          |                                     |                        | 190. 41 5 - 4                         |                                       |          |                    |                         |
| W.S.                            | \$                                  |                        | \$                                    | \$                                    |          |                    |                         |
| fford                           | \$                                  |                        | \$                                    | \$                                    |          |                    |                         |
| fford Unsub.                    |                                     |                        | \$                                    | \$                                    | _        |                    |                         |
| S                               | \$                                  |                        | \$                                    | _ \$                                  |          |                    |                         |
| kins<br>· ·                     | \$                                  |                        | \$                                    | \$                                    | _        |                    |                         |
| lege Loan                       |                                     |                        |                                       | _ \$                                  |          |                    |                         |
| er                              | _                                   |                        | 7.                                    | _ \$                                  |          |                    |                         |
| TAL:                            | \$                                  |                        | \$                                    |                                       | _        |                    | 120                     |
| is applicant is                 | s NOT eli                           | gible for              | P.E.L.L. due to:                      |                                       |          |                    |                         |
| is applicant h                  | as a zero                           | financial              | aid need at this i                    | nstitution:                           | Yes      | No                 |                         |
|                                 |                                     |                        |                                       |                                       |          |                    |                         |
|                                 | Di.                                 | .1 411 0               |                                       |                                       | _        | 8                  | 450 450 450             |
|                                 | rinanci                             | at Aid Offi            | ce Signature                          | *                                     |          |                    | Date                    |

| This applicant is NOT eligible for P.E.L.L. due to:  This applicant has a zero financial aid need at this institution:  Ye | es            |
|--|---------------|
| Financial Aid Office Signature   | Date          |
| OST-JPTP Form 01   | Revised 06/20 |