

Shoshone-Bannock Tribe
HUMAN SERVICES DEPARTMENT

**NEW STUDENT
2014-15
SCHOLARSHIP/
SCHOOL
FUNDING
APPLICATION
PACKET**



SCHOLARSHIPS & TRAINING FUND

NEW STUDENTS OR TRAINEES

Shoshone-Bannock Tribes

477 Human Services Department (477 HSD)
PO Box 306 – Fort Hall, ID 83203

General. We appreciate the opportunity to assist you. The program is here to provide Education, Employment, Training and Related Services to eligible American Indians, Native Hawaiians, and Native Alaskans whom reside in the Shoshone-Bannock Tribes service delivery area. In order for us to consider your request, our contract requires all persons seeking assistance to complete an Application for Services. The Application for Services is not a guarantee or approval of services, but authorizes the 477 HSD to determine if you may be eligible for program services.

“New Students or Trainees” – Just so you know, although you may have received scholarships or other funding in previous semesters, quarters, or years, we have to determine if a person is a new enrollee or a continuing student or trainee. In compliance with our federal reporting requirements, we have to track program participants (students or trainees) based on their entry or re-entry into the program during the current fiscal year or program reporting year. The fiscal year or reporting year runs from October 1st through September 30. In order to be considered for a scholarship or funding for a training program, you must follow the guidelines outlined in this packet if you:

- Are a recent high school graduate or recently completed your GED;
- A first-year or freshman entering studies at a college or university;
- Never received a scholarship or training assistance from the Shoshone-Bannock Tribe; or
- Have not received any funding for at least two (2) consecutive semesters or quarters in the past twelve (12) months.

For you, the process is:

Apply for Federal Financial Aid

- All applicants are required to complete the online application for Free Federal Financial Aid with the US Department of Education at <http://www.fafsa.gov>
- *More information provided on the next page*

Apply for School Acceptance

- Complete the school application process to get approval to attend the school of your choice.
- Did you complete your ACT's?
- *More Information is provide don the next page*

477 Application for Services & School Documents

- Application for Services (attached) is required for all applicants.
- School Documents are required to verify your eligibility to enter school or training
- *More information provided on the next page*

Apply for Federal Financial Aid

- Applicants will need to set up a personal Email account for communication with the Department of Education
- Students will need to have available their income tax information for the most recent tax year.
- Also, if you are not an independent student you will need your parent(s) income tax information for the most recent tax year. The Department of Education has set criteria for those who qualify as independent students such as being married (at which you would have to provide you and your spouse's income tax information) or you have dependent child(ren) or meet the criteria per Department of Education regulations)
- Male applicants are mandated by law to apply with the Selective Service System
- Complete each step and follow through with the information requested..
- Your school financial aid office needs this information to determine what grants or awards you are eligible for.

Apply for School Acceptance

- If you did not complete the ACT, please let us know immediately as it takes weeks to get on the list, and you will need picture identification
- Complete the School Application in a timely manner meaning 3-6 months in advance
- You are required to pay the application fee -- the Tribe will not pay for this cost
- Follow through with any required tests
- Check your mail regularly and follow-up on your application to make sure you do everything you need to do to complete the process
- If you did everything needed to qualify for acceptance, the school will send you an acceptance letter with your student ID number and other instruction.
- REQUIRED - You will need to provide a copy of your acceptance letter as a part of your application for funding from the Tribe.
- PETITIONS/SUSPENSIONS AND REENTRY - If you are petitioning to reenter school, written verification from the school to confirm your ability to register is rREQUIRED.

477 Application for Services & School Documents

- Complete the Application for Services (attached) is required for all applicants. Each applicant must provide
- Personal Identification
- Tribal ID or Certificate of Indian Blood or of Tribal Enrollment
- Social Security Card
- Proof of Residency
- Proof of Number in Family
- Verification of Income
- Employment Verification and wages if employed in the past six (6) months
- School Documents for all students:
- Class Schedule
- Needs Analysis
- Release of Information
- College Transcripts
- First-Time students/trainees need High School Transcripts, HS Diploma or GED, and Acceptance Letter

The Application for Services from the Shoshone-Bannock Tribe

There are two parts to the application process for SCHOLARSHIPS and TRAINING FUNDS. First, all persons requesting for assistance must complete the Application for Services (attached) and provide documents to support your application. Below is an example of what the Application for Services looks like.

Application For Services

Page 1

Complete all Items

Application for Services

Page 2

Complete all Items and Sign and Date

Release of Information

Signed and Date

Third Party Verification

(to Verify Number in Family) Must be completed by an Adult who does live in your household

For this application to be deemed complete, you will need to provide the following documents:

- _____ Personal Identification – (Drivers License, State ID card, Military identification, passport, other legal picture identification)
- _____ Tribal (American Indian/Native American Status) – Tribal ID card, Tribal enrollment certificate, Tribal census card, Certificate of Indian Blood (CIB)
- _____ Social Security Card
- _____ Proof of Residency – we need documentation to verify your physical address or mailing address listed on the application (utility bill, rental or lease agreement, letter mailed to you listing your address)
- _____ Verification of Number in Family – Rental verification, recent federal income tax return, or using the Third Party Verification form provided, you may have an adult who does not live in your household verify who lives with you.
- _____ Income Verification – If in the past six (6) months you received public assistance (TANF or State TAFI), receive food stamps or commodities, received unemployment benefits, or disability benefits from the Social Security Administration you can be deemed eligible for assistance, however documentation is required. All income and resources need to be verified in order for us to determine your eligibility.
- _____ Employment – If you were employed in the past six (6) months, we will need you to verify your employment and wages.

IF YOU HAVE QUESTIONS REGARDING

THE APPLICATION, PLEASE CONTACT

Michelle Friday, Admin Representative
 Email: mfriday@sbtribes.com
 Telephone: (208) 478-3898
 FAX Number: (208) 478-3845

Applications are accepted by:

- 1) US Mail at the address listed above
- 2) FedEx or UPS at:
 Sho-Ban 477 Program
 Building 82
 Fort Hall, ID 83203
- 3) By email at mfriday@sbtribes.com or fax to (208) 478-3845

Shoshone-Bannock Tribes

HUMAN SERVICES DEPARTMENT

Consumer Services Program
Energy Assistance & Weatherization

Education, Employment & Training Services

Temporary Assistance to Needy Families (TANF)

CONTACT INFORMATION

TELEPHONE NUMBER:
(208) 478-3898/3975

TOLL FREE NUMBER
1 (888) 297-1378

FAX NUMBER
(208) 478-3845

INSTRUCTIONS:

Complete this application to the best of your ability. If you need help, please ask the front desk for assistance.

When you finish this application, you will need to submit the documents listed below for you and each person in the household.

- Personal Identification
- Tribal ID Card
- Social Security Card

Also, for the household, provide verification of:

- Residency
- Number in Family
- Income

Male Applicants at least 18 years of age -- this DOES NOT apply to US Veterans

- Selective Service Registration is REQUIRED

Please **READ** the **INSTRUCTION BELOW**

Your application or request cannot be processed if all documents are not attached to the application OR already on file. Thank you.

APPLICATION FOR SERVICES

APPLICANT NAME	HOME PHONE#
	CELLULAR #
	MESSAGE #

RESIDENCY - Explain where you live, list the road you live on and the nearest crossroads:

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____

SERVICES YOU ARE REQUESTING	Are you currently in crisis?
	YES NO
	Please Explain:

1) _____

2) _____

3) _____

4) _____

SOCIAL SECURITY NUMBER	MARITAL STATUS
DATE OF BIRTH: _____ AGE: _____	SINGLE WIDOWED
GENDER: _____ MALE FEMALE	MARRIED SEPARATED
	DIVORCED COMMON LAW

INDIAN AND NATIVE AMERICAN STATUS

TRIBE _____ ENROLLMENT #: _____

EDUCATION STATUS

_____ School Dropout _____ Currently Attending School

_____ High School Grad/ GED _____ Post High School Attendee

EMPLOYMENT STATUS - Did you work in the past six (6) months? YES NO

_____ Unemployed _____ Employed but received notice of termination

_____ Employed Part-time _____ Recently separated from the Military

_____ Employed Full-time _____ Retired

If you worked in the past six months, please provide the following information

Job Title	Employer	Dates of Employment		Rate of Pay
		Start	End	

VETERAN? YES NO Branch of Service _____ Dates of Service: _____

REGISTERED WITH SELECTIVE SERVICE: YES - Number: _____ NO

DISABLED? YES NO Explain: _____

Family/Household Information

Family Member Name	Age	Relationship to Applicant	Social Security Number	Tribe & Enrollment Number
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				

Number in Family: _____

Number of children under 6 years of age: _____

Income and Resources - Does anyone listed above receive any of the following types of income, benefits or resources listed below. Please explain who receives it and how much per month.

List who receives these benefits:	Amount per Month	List who receives these benefits:	Amount per Month
Wages		Social Security	
Unemployment Benefits		Retirement, Pensions	
Workman's Compensation		Per Capita, Lease, IIM	
Tribal TANF or State TAFI		Food Stamps or Commodities	
Other income or resources -- please explain:			

CERTIFICATION STATEMENT - I certify that the information provided on this application is true and correct to the best of my knowledge. I understand the information on the application will be used to determine my eligibility for services and I will have to provide documents to support this application and request. Further, I understand that:

- a) *This application is property of the Shoshone-Bannock Tribes. As signatory authority for the federal, state and Tribal funds, the Fort Hall Business Council (FHBC) and it's individual members are privileged to Tribal documents and may at any time request to review documents held by this office. In line with their duties, the FHBC may delegate to the Tribal staff duties to verify information with the 477 Department verbally or in writing. Under this authority, we are required to comply with the inquiries of the FHBC, and the release of information includes but is not limited to the application, your request(s), bills, or to verify the status of pending action, approval, or denial, and the disbursal of funds to you or paid to another party (vendor/utility company/other) on your behalf.*
- b) The information on this application stored in the department's data collection system. For reporting purposes, information will be shared with the Fort Hall Business Council, US Department of Interior/Bureau of Indian Affairs, the US Department of Health and Human Services, the US Department of Labor, Eaglesun Systems, and other state/federal funding agencies. I also understand that this information is protected by the Privacy Act.
- c) Anyone found to make false statements or misrepresent items listed on the application, may result in a denial of services; and may include legal action or collection to recover funds paid to me or paid on my behalf to another party (vendor/utility company/other). If I am determined ineligible after I have started in an education, training, employment or related activity, I understand that funding will cease (stop); and in the event that this occurs, if I choose to continue the activity, I will be responsible for all costs incurred. The Tribe will not be held liable for costs you incur beyond the last day of your enrollment in an education, employment or training activity.
- d) Eligibility is not a guarantee of services. The 477 HSD is only able to assist you, if funds are available in the budget for services in which you may have been determined eligible for.

Release of Information. I hereby AUTHORIZE THE RELEASE OF INFORMATION by and between the departments of the Shoshone-Bannock Tribes, the Fort Hall Business Council, it's individual members; the personnel departments of the Shoshone-Bannock Tribal Enterprises and Shoshone-Bannock Gaming, Employer(s) and other agencies listed on this application to verify wages/income, benefits, resources or services or resources regarding me and family listed above.

Applicant Signature & Date	Spouse/Co-Applicant's Signature & Date	YOUTH UNDER 18 YEARS OF AGE – Parent/Guardian's Signature is REQUIRED
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Shoshone-Bannock Tribe

477 Human Services Department
PO Box 306 – Fort Hall, ID 83203
Telephone: (208) 478-3898 / FAX Number: (208) 478-3845
2014 Update

RELEASE OF INFORMATION

Applicant Name _____

Spouse / Co-Applicant _____

THE PRIVACY ACT

General. All documents submitted to any program or department of the Shoshone-Bannock Tribes shall remain the property of the Shoshone-Bannock Tribes. Access to records maintained in this office is limited to authorized personnel and the Fort Hall Business or as they may delegate. All employees handling records will at all times protect the integrity, security, and confidentiality of these records.

Disclosure. In accordance with the Shoshone-Bannock Tribes Privacy Act and Records Management policies and procedures, requests for copies of documents require the written permission from the Fort Hall Business Council.

Alternation of Records. No employee may alter or destroy records unless authorized by the Fort Hall Business Council. The removal and disposal of records occurs periodically in accordance with Records Management policies and procedures.

Responsibility. A criminal penalty may be imposed for knowing and willfully disclosing, altering, or destroying records without proper authorization; and includes a \$500 fine and/or a six month jail sentence, or both. Each disclosure of records, alteration or destruction, shall constitute a separate offense. (*Chapter V., Section 75, Code of Offenses, Law and Order Code of the Shoshone-Bannock Tribes*).

STATE OF IDAHO

If you are applying for State services or received State services in the past year, authorization to verify information with the State of Idaho is required. This information will be used to determine eligibility and/or to coordinate benefits for federal and/or state services available through the Shoshone-Bannock Tribe. *Authorization for this release is subject to the Privacy Act of 1974, U.S.C. 552 AE3, Sections 416 and 4761, Energy Conservation and Protection Act, Public Law 94-385.*

RELEASE OF INFORMATION

I, _____, attest that I have submitted an application for assistance with the Shoshone- Bannock Tribes. My signature authorizes the Release of Information to verify information provided on my application and request. This Release of Information also holds harmless, the agency and their employees as I agree for the Tribe and your agency to in writing or by oral discussion, share information needed to determine my eligibility for services.

This release authorizes verification of services for agencies listed on my application and/or documents provided to support my application and/or request. This release is authorized to, but is not limited to: all State Department of Health and Welfare, Child Support, Department of Labor, Community Action Agency/Programs and similar programs provided by States or Tribes; schools, colleges/universities; Tribal and BIA Social Service Agencies, State and Tribal Chemical Dependency Programs; Federal, State and local Courts; applicable Housing Agencies, Property Managers and/or Landlord(s) or Owners; the applicable Utility company(ies); childcare providers, transportation providers, vendors, and others.

Further, as an applicant/ recipient, I understand, and agree that this is a reciprocal agreement. Therefore, I authorize the Shoshone-Bannock Tribe to release information regarding my participation on the program(s) and services authorized to me or on my behalf. I understand this release will remain in effect through the Authorized Expiration Date, unless I request in writing this authorization to be revoked; the Tribe will acknowledge by date/time stamp with written confirmation by the director.

★ **Authorization Expiration Date:** _____ **December 31, 2014** _____

Applicant Signature _____ Date Signed _____

Co-Applicant/Spouse's Signature _____ Date Signed _____

THIRD PARTY VERIFICATION

Your help is needed to verify where the applicant lives and how many people reside in the household. The person verifying this information for the applicant or family listed must be at least 18 years of age, must be resident of the same state as the applicant, but may not be a member of the applicant's household. Your assistance is appreciated.

I, _____, hereby certify that: _____
Name of person who can verify this information Applicant Name

resides at: _____
Physical address or explain name of the road, nearest cross roads, street address or best physical description you may provide

I can also verify that there are _____ people living in their household. The names of the household or family members that live at the residence are listed below.

- | | |
|----------|-----------|
| 1) _____ | 7) _____ |
| 2) _____ | 8) _____ |
| 3) _____ | 9) _____ |
| 4) _____ | 10) _____ |
| 5) _____ | 11) _____ |
| 6) _____ | 12) _____ |

If you have any questions or if you need further verification of the information of this statement,

please feel free to contact me by phone at: _____ or my mailing address is:

Signed,

Shoshone-Bannock Tribes
HUMAN SERVICES DEPARTMENT
 PO Box 306 - Fort Hall, ID 83203

NEW STUDENT CHECKLIST
 (For Higher Education and Vocational Training)
2014 - 2015 School Year

DEADLINES

FOR FALL, 2014 FUNDING THE DEADLINE IS MONDAY, JUNE 16, 2014

FOR WINTER, 2013 QUARTER OR SPRING, 2014 SEMESTER THE DEADLINE IS WEDNESDAY, OCTOBER 15, 2014

SCHOOL DOCUMENT CHECKLIST

PLEASE READ THIS DOCUMENT THOROUGHLY. IF ANY ITEM A-G LISTED BELOW IS NOT SUBMITTED ON OR BEFORE THE DEADLINE, THE 477 HSD WILL NOT CONSIDER YOUR REQUEST FOR FUNDING UNTIL THE NEXT SEMESTER OR QUARTER. YOUR ATTENTION TO THE DEADLINES AND THESE INSTRUCTIONS IS IMPORTANT. IF YOU HAVE QUESTIONS OR CONCERNS, PLEASE CONTACT SHOSHAWNA OR MERLIN AT THE NUMBER OR EMAIL LISTED BELOW.

In order for the Tribe to consider your application and request for scholarship or funding, ALL STUDENTS ARE REQUIRED to submit documents A, B, C and D listed below.

A.	Class Schedule - For the upcoming semester/quarter. If you are unable to register, provide written verification from your school.	
B.	Needs Analysis (is required Form attached) - Take to your school Financial Aid Office. This information is necessary to determine how your award is disbursed.	
C.	Release of Information (Form Attached) - Sign, date and submit by deadline	
D.	College Transcripts - If you attended college or took college classes in the past, you must provide a copy of your most recent college transcript. If you never attended college, write in "N/A"	

First-time applicants, entering freshman students or recent high school graduates, in addition to items A, B, and C above, these documents are required:

E.	High School Transcript - submit a copy of your HS transcript.	
F.	High School Diploma or GED - If graduation date is listed on your high school transcript, you do not need to submit a copy of your diploma	
G.	School Acceptance Letter	

FOR QUESTIONS OR MORE INFORMATION, CONTACT:

Shoshawna Covington, Case Manager at (208) 478-3760
 or Email: scovington@sbtribes.com

Merlin Study, Case Manager at (208) 478-3861
 or Email: mstudy@sbtribes.com

477 PROGRAM ONLY:

DATE COMPLETE: _____

DATE VERIFIED: _____

INI: _____

REFERRAL TO: _____

OFFICE FAX NUMBER: (208) 478-3845 or 3871

FINANCIAL NEEDS ANALYSIS FORM

STUDENT NAME _____

STUDENT ID NO. _____

TO: **FINANCIAL AID OFFICER**

CURRENT ADDRESS _____

SCHOOL _____

CITY/STATE/ZIP _____

CITY & STATE: _____

COURSE OF STUDY: _____

GRADUATION DATE: _____

SCHOOL YEAR: **2014-15**

The student listed above applied for education assistance from the Shoshone-Bannock Tribe. All requests for education assistance are based on financial need and academic merit. To determine the student's financial need, please verify the anticipated awards or resources, and school expenses for the school year identified. This request is due on June 15th or Fall funding, and October 15th for Fall/Winter term. Your immediate response is appreciated.

FINANCIAL AID OFFICER - Please complete the following:

1) Period covering this Financial Needs Analysis: _____

School is on what type of system? Semester Quarter Other: _____

COLLEGE AID AVAILABLE					
Description	Fall	Winter	Spring	Summer	Total
Federal PELL Grant Program					
Federal Work Study Program					
State Need Grant					
Tuition Waiver					
SEOG					
Other:					
Other:					

RESOURCES PER SCHOOL YEAR

Student Contribution _____

Parent Contribution _____

PELL Grant _____

Work Study _____

SEOGG _____

Loans: _____

VA Benefits _____

Scholarship: _____

Scholarship: _____

Other: _____

TOTAL RESOURCES: \$ _____

EXPENSES

Tuition or Registration _____

Other class fees _____

Books & Supplies _____

Room & Board _____

Personal _____

Transportation _____

Childcare _____

Other: _____

TOTAL EXPENSES: \$ _____

TOTAL UNMET NEED: \$ _____

TENTATIVE AWARD

FINAL AWARD

DOES STUDENT QUALIFY FOR FEDERAL FINANCIAL AID? YES NO

IF NOT, REASON: _____

FINANCIAL NEEDS ANALYSIS VERIFIED BY: _____
Financial Aid Officer Signature

DATE: _____

RETURN THIS FORM BY US MAIL, EMAIL OR FAX TO:

Shoshone-Bannock Tribes Scholarship Services
PO Box 306 - Fort Hall, ID 83203

FAX Number
(208) 478-3845
(208) 478-3871

Email Address
scovington@sbtribes.com
mstudy@sbtribes.com

Questions? Please call (208) 478-3760 or 3861

INFORMATION ABOUT THIS RELEASE. As a recipient of federal education funds from the United States through the Bureau of Indian Affairs and US Department of Labor, the Shoshone-Bannock Tribe is required to verify the student's academic status (school records) and other federal and non-federal financial education resources. This release of information is required to meet the Tribe's federal grantee obligations.

NEEDS ANALYSIS AND SCHOOL RECORDS. A student who is a member of an American Indian Tribe, eligible Native American, or at least one-quarter (1/4) degree Indian blood, who may qualify for education assistance by a Tribe or Agency must submit a Needs Analysis Form to their school's Financial Aid Office. This RELEASE OF INFORMATION authorizes the Financial Aid Officer to complete the form and release the form to the SHOSHONE-BANNOCK TRIBE. Other school records authorized for release include: school transcripts, school acceptance and grades. The Tribe will review the Needs Analysis and transcripts and/or grades to determine the student's eligibility for scholarship(s).

SHOSHONE-BANNOCK TRIBE
477 PROGRAM

FAX (208) 478-3852

**RELEASE
OF
INFORMATION**

AUTHORIZATION GIVEN TO:

STUDENT INFORMATION

School: _____

Student Name _____

Office: _____

Student ID No. _____

Mailing
Address _____

Telephone No. _____

Email Address _____

Authorization to Release Information to the Shoshone-Bannock Tribe is hereby given to the School listed above. Information authorized for release may be in writing or through verbal discussion by agency representatives, and includes student grades, test scores, transcripts, and financial aid awards and general information regarding academic, financial, or school status. I understand, the purpose of this release is to verify my eligibility for scholarships, grants, and other federal and non-federal awards available to me through the Tribe. And further, to coordinate financial resources. If you have any questions or concerns regarding this release, I can be reached at the number or email address listed above.

Please release the information requested to:

Shoshone-Bannock 477 Program
PO Box 306
Fort Hall, ID 83203

As the student, I understand that this is a reciprocal agreement of release. Therefore, I also authorize the Shoshone-Bannock Tribe to release information regarding any education awards made to me or on my behalf to the school listed above. I understand this release will remain in affect through the Authorized Expiration Date, unless I revoke my permission in writing.



Authorization Expiration Date: _____ **JUNE 30, 2015** _____

APPLICANT/
STUDENT SIGNATURE: _____ DATE SIGNED: _____

REL 201415

<p>FORM NA - IDAHO STATE UNIVERSITY</p> <p>NEEDS ANALYSIS FOR BIA</p> <p>This document provides additional information regarding your BIA Grant.</p> <p>Office of Financial Aid, Idaho State University, Museum Building, Room 337 921 S. 8th Ave., Stop 8077, Pocatello, ID 83209-8077 Phone (208) 282-2756 Fax (20) 282-4755</p> <p>University Place, BSUB, Idaho Falls Phone (208) 282-7800 Fax (208) 282-7726</p>	
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Student Name: _____
(Use blue or black ink) First M.I.

ISU ID (Bengal Card E): _____ Student ID No. _____

Telephone: _____ Email: _____

INSTRUCTIONS:

Students who are a member of or at least one-quarter degree Indian blood descendent or a member of an American Indian tribe who are eligible for special programs and services provided by the United States through the Bureau of Indian Affairs need to submit a Needs Analysis (grant application) form to the Office of Financial Aid. **You must have submitted a 2014-15 Free Application for Federal Student Aid (FAFSA).**

The Need Analysis form is available from the education office of the Tribe in which you are affiliated or possess membership. Please attach the completed Need Analysis (grant application) to this form and return to the Office of Financial Aid.

* * * * *

The ISU Office of Financial Aid is bound by regulations in the Family Education Rights and Privacy Act of 1974 (FERPA). We cannot release your financial aid information to any person, other than yourself, unless written permission is given by you.

I hereby give the Office of Financial Aid permission to discuss my financial aid information with the tribe on the attached needs analysis form.

I understand this request will remain in effect for the 2014-15 academic year unless I revoke my permission in writing.

Student Signature: _____ Date: _____

Barrier Identification

Applicant/Student Name: _____

One of services provided under the 477 Program is to help program participants overcome barriers that may interfere with your plans to enter and complete school, secure and maintain employment, or to reach self-sufficiency goals. Also, this will help to identify personal strengths and resources that may be beneficial to your plan of service. Please identify those items items that apply to you.

Profile

- Single Parent or Head of Household
- Welfare Recipient
- Low-Income Family
- Recently divorced or separated
- Veteran
- Teen Parent
- Pregnant Teen
- Age (too young or too old)

Employment Barriers

- No Previous Emploment
- Employed part-time but needs full-time work
- Needs Work Experience
- Nees Job Search Assisatnce
- Need Job Search Skills
- Long-Term Unemployed
- Disabled - Specify: _____

Skills Deficiency

- Basic Skills are below the 8th grade
 - ___ Reading
 - ___ Writing
 - ___ Math
- Language
- Lacking Marketable Skills
- Unskilled
- School Dropout
 - Highest Grade Completed: _____
- No Driver's License
 - Reason: _____

Self-Management

- Arrests or Convictions
- Pending case(s) with the Courts
- On Probation or Parole
- Domestic Violence
- Needs Substance Abuse Treatment
- High Risk Driver
- Personal Problems
- Other: _____

Basic Needs

- Housing
- Transportation
- Food
- Child Care

Comments: _____

Education, Employment & Training Services

This sheet is provided as a courtesy and guide to help you to organize your immediate, short-term, and long-range goals in a simple format and to aid you with writing your Goal Statement.

As you begin to write your goal statements, keep these tips in mind. The dictionary defines a 'goal' as a purpose or an objective. For the purposes of employment, education, or training, a goal is further defined by setting a deadline. There are different types of goals. You can have immediate goals like daily or weekly goals. You can set short-term goals such as getting good grades this semester or turning in a job application by the deadline, paying bills on-time, or other personal goals. Long-term goals require more time, more effort, and resources to map out or plan. Using this information, you can now practice writing some goals of your own.

Immediate Goals		Short-Term Goals		Long-Term Goals	
<i>Your goals in the next 3 months</i>		<i>Your goals in the next 4-12 months</i>		<i>Your goals in the next 1-4 years</i>	
Education/School:	Deadline:	Education/School:	Deadline:	Education/School:	Deadline:
Employment	Deadline:	Employment	Deadline:	Employment	Deadline:
Personal Achievements	Deadline:	Personal Achievements	Deadline:	Personal Achievements	Deadline:

