

Application for:
 Vocational Training
 Higher Education
 (Check One)

**RED LAKE BAND OF CHIPPEWA INDIANS
 NEW BEGINNINGS EDUCATION DEPARTMENT**
 P.O. Box 416
 Redby, Minnesota 56670
 Telephone: (218) 679-3350

(FOR OFFICE USE ONLY)

Date received _____
 Previous Services _____

PLEASE USE
 BLACK/BLUE INK

All information being requested is voluntary, however, failure to fully complete all applicable parts may result in delays in processing this application or make it impossible to process it.

PART 1 - TO BE COMPLETED BY APPLICANT

LAST NAME	FIRST	MIDDLE	MAIDEN	Soc. Sec. No.	Date of Birth	State of Residency
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Permanent Address	Street	City	State	Zip	Area Code/Telephone	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
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Name of High School	College Major	Vocational Course	Children or Dependents: List/Relationship
Year Graduated _____ GED _____	Date Classes Begin _____		1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Name of College or Voc. School You Plan to Attend:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Year in College/Voc. School	
		1 2 3 4	

Expected Graduation Date Month _____ Year _____	Have you received BIA or tribal grant before? Yes ___ No ___ When? _____ Where? _____
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Father's Name	D.O.B.	Tribal Affiliation:
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Mother's Maiden Name	D.O.B.	Tribal Affiliation:
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Person to Contact in Emergency: _____
 Address _____
 Phone _____

•ATTENTION•
 Name Enrolled Under If Different From Above

Your Expected Income While in School (per month)

Employment _____	Savings _____
Vocational Re-hab _____	Veteran's Benefits _____
Welfare - AFDC _____	Take Home Pay - Spouse _____
Social Security _____	Other _____

Military Service?
 Dates: From _____ to _____

I will contact the financial aids office of the institution I have selected and will apply for any and all other aids available to me. I will request that the financial aid office notify my tribe of any financial need and aid the school offers to me. I further certify that the above information provided to the institution by me may be shared with the appropriate agencies, and I will provide my Tribe with a complete official transcript at the end of the academic year and at any other time as is requested. I request that any grant awarded me be mailed to me in care of the financial aid office of the institution I attend. I authorize the Red Lake Tribe to provide prospective employers with my Name, Address, and Field of Study, upon completion of my academic program. I further authorize The Red Lake Tribe to obtain my Indian blood quantum to determine my eligibility for services and financial assistance.

 (Applicant Signature) _____ (Date)

PART II - TO BE COMPLETED BY THE RED LAKE TRIBE

I hereby certify that the above named applicant is _____ degree of _____ Indian blood according to available records.

 (Certifying Official Signature) _____ (Date)

Red Lake Band of Chippewa Indians Employment & Training Division

Scholarship Application Policy & Procedures

Enclosed is a professional or technical development scholarship application packet.

Fall Semester Deadline: Third Friday in September

Spring Semester Deadline: Third Friday in February

The award will be sent to the institution for disbursement after all of the students documentation is submitted to New Beginnings and the file is complete. The maximum award will not exceed \$1,650.00 in an academic semester, based on the unmet need portion submitted by the institutions financial aid office. A student with no unmet need as determined by the institutions financial aid office will not be eligible for funding.

All students classified as fulltime must be enrolled in 12 credits or more, and continue with a grade point average (GPA) of 2.0 or better. Students classified as part time are students with less than 12 credits but more than 6, and continue with a grade point average (GPA) of 2.0 or better, AND have an unmet need that is determined by the institution (but will only be eligible for books, tuition, and fees only) based on the availability of funds.

If a student falls below the 2.0 GPA or 12 credits in a semester; will be placed on academic probation for the subsequent semester in which the student must continue maintaining the 12 credits or more and attain a 2.0 GPA or better. The second time a student is placed on academic probation they will have to complete a semester without the assistance of New Beginnings. Any student who receives scholarship from New Beginnings and withdraws or does not continue with classes after receiving funding will be placed on academic suspension for 1 (one) academic year.

Students who are in default status on a student loan will not be eligible for financial aid from New Beginnings.

Funding is meant for the purpose of undergraduate studies only.

Students pursuing a four year degree must do so in 10 semesters/14 quarters.

Students pursuing a two year degree must do so in 6 semesters/8 quarters.

Students who have experienced a hardship or emergency must have documentation from a qualified professional that it had a direct impact on their ability to comply with program requirements.

Any student that is denied funding can file a written appeal to the New Beginnings Program within 30 days after being notified of denial.

Individuals who are incarcerated are not eligible for funding through New Beginnings.

Student Signature/Date

Case Manager Signature/Date

**NEW BEGINNINGS
CLIENT INTAKE INFORMATION**

Case Manager: _____

Section I	Personal Information	Date:
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Name: _____ Social Security # _____

Address: _____ Phone Number: _____

Message Number: _____ E-mail Address: _____

City: _____ District: _____ State: ___ Zip: _____ Date of Birth _____

Male ___ Female ___ Veteran Yes No. Selective Service # _____

Race/Ethnic: Native American ___ Other (Specify) _____

Family Status: One-parent family ___ Two-parent family ___

Total in household: ___ # of dependents under 18 ___ Single Individual ___

Please List all member living in your household, including age:

Employment Status: ___ Unemployed ___ Currently Employed

___ Recently Hired/Hire Date _____ Part-time ___ Full-time ___ Volunteer ___

What was the longest amount of time you held a job: _____

What was your last job, and your reason for leaving: _____

How do you find out about job openings? ___ Job Service ___ Newspaper want ads

___ Family, friends, acquaintances ___ Yellow pages ___ Private agencies

___ Human Resources ___ Walking into businesses and inquiring

How many interviews have you had in the last six months? _____

Do you have a resume? _____ Yes ___ No

How far are you willing to travel to work (round trip)? _____

Revised June 26, 2006

Transportation Status:

Do you have a valid driver's license: Yes No If yes, what class: _____
If no, are you able to get a driver's license? Yes No

Do you owe a reinstatement fee: Yes No

Do you own a vehicle: Yes No If yes, is it reliable? Yes No

Do you have access to a vehicle or know anyone who can give you a ride? Yes No
If you have a vehicle, does it have insurance? Yes No

Child Care

Will you need childcare when you become employed? Yes No

Who will be your primary provider: _____

Who is your backup provider: _____

Do any of your children have special needs: _____

Are you required to participate with Child Protection Service Plan: Yes No

Financial/Housing

Have you ever attended a budget session: Yes No

Are you being pursued by a collection agency regarding debt: Yes No

Do you receive subsidized housing: Yes No
If no, what is your housing situation: _____

Legal Issues

Have you been convicted of a felony: Yes No

Health

Women: Are you pregnant: Yes No If yes, what is your due date: _____

Are you presently under a doctor's care: Yes No

If so, are you on prescription medications
that may affect your employment responsibilities: Yes No

List any health conditions, which would prevent you from doing certain types of work:

What type of work are you able to perform due to this condition:

Have you ever been diagnosed with a learning/hearing disability: Yes No

Are you presently working with Vocational Rehabilitation Services: Yes No

Chemical Dependency

Do drugs/alcohol affect you daily life or employment: Yes No
If yes, how? _____

Do you feel you need help with a chemical problem before you can work: Yes No

Would you pass a drug test: Yes No

Domestic Issues

Are you currently involved in any type of domestic situations: Yes No
If yes, are you aware of the safety plan options: Yes No

Are you active in any advocacy support groups: Yes No

Would you like more information about domestic awareness: Yes No

Communication Skills

Are you a Poor Good Excellent reader?

Do you have difficulty remembering or understanding what you read: Yes No

What do you read: list newspapers, books, etc. _____

Do you have difficulty making people understand what you are talking about: Yes No

Is it difficult to talk to people:

- in small group's Yes No
- people you don't know Yes No
- in large group's Yes No
- one on one Yes No
- in an office setting Yes No

Personal Considerations

Do you feel you practice good hygiene: Yes No

Do you make an effort to look your best while job seeking: Yes No

Do you make an effort to appear friendly & interested while job seeking: Yes No

Are you confident in your ability to find a job and hold a job: Yes No

Education Status: Highest School Grade completed: _____

High School Grad./Yr. GED/Yr. H.S./ABE Student Post H.S.

Currently attending school: Institution Name _____

University/Vocation Attendee: Institution Name _____

Course of Study or Certificate/Degree Attained _____

Other: _____

(Licenses, certificates, permits, union memberships, etc.)

Part II Characteristics of Client

Family Income: Total Family Income earned in last 3 months: _____

Receiving MFIP (TANF) Date Benefits Started _____ Date Benefits End _____

Food Stamps Other Public Assistance, specify _____

Section III Employment, Training, Educational & Related Services
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Check all that apply to your immediate Needs:

Employment Services

Job Referral
 Resume'
 Employment Counseling
 Evaluation/Skills Testing
 Job Search Activities
 Youth Employment

Education/Training

Basic ESL/GED
 Test/Referral
 Training Information
 Education-app/info
 Tutorial Services
 Career Counseling

Supportive Services:

Child Care
 Transportation
 *Employment Assistance
 Clothing/Uniforms
 School Supplies

Section IV Barriers to Employment (Multiple Barrier = 3 or more) _____

- | | |
|--|--|
| <input type="checkbox"/> 1. Single Head of Household | <input type="checkbox"/> 10. Currently employed/low income |
| <input type="checkbox"/> 2. Limited English proficiency | <input type="checkbox"/> 11. Not in labor force |
| <input type="checkbox"/> 3. Disabled Individual | <input type="checkbox"/> 12. High School dropout/no GED |
| <input type="checkbox"/> 4. Offender | <input type="checkbox"/> 13. Math skills below 7 th grade level |
| <input type="checkbox"/> 5. Reading skills below 7 th grade level | <input type="checkbox"/> 14. Long-term TANF recipient |
| <input type="checkbox"/> 6. Public assistance (Food Stamps) | <input type="checkbox"/> 15. Homelessness |
| <input type="checkbox"/> 7. Substance Abuse Issues | <input type="checkbox"/> 16. Last date of employment _____ |
| <input type="checkbox"/> 8. Unemployed 15+ weeks | <input type="checkbox"/> 17. Pregnant/Parenting Teen |
| <input type="checkbox"/> 9. No work history | |

Section V Applicant Certifications

I certify that the information provided is true to the best of my knowledge. I understand that the information I have provided is subject to review and verification and I may have to provide documents to support this intake. I am also aware that I am subject to termination for one (1) year if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I agree to supply information regarding resources and income and will notify New Beginnings of any changes in my (our) situation. This authorization is to disseminate employment and educational information to potential employers for the purpose of assisting me in obtaining assistance, training, education, or employment.

Applicant Signature Date

Parent/Guardian Signature Date

Certain education, employment, and training programs available through New Beginnings require applicants to undergo drug screening. I understand that I may be required to undergo a drug-screening test at any time prior to commencement of training or supported work service. I also understand that a positive test result, or refusal to cooperate fully with the drug-screening procedure, will result in denial of financial assistance through New Beginnings for training and supported work service.

Applicant Signature Date

Parent/Guardian Signature Date

Section VI Certification for Eligibility for Services

I certify that this individual has met the application requirements and based on all information received through the Intake Interview Process, this person is eligible for Employment, Training, Education, and Related Services.

The Determination was based on the Employment Barriers and the following criteria:
Native American ___ Unemployed ___ Econ. Disadv. ___ TANF Recipient ___
(Child/Youth/Adult)

Case Manager/
Job Counselor

Date

Reviewer

Date

Section VII Activity

Primary Activity: _____

Immediate Goal: _____ Target Date: _____

Goal #2: _____ Target Date: _____

Goal #3: _____ Target Date: _____

Goal #4: _____ Target Date: _____

Section VIII Activity Completion

Primary Activity: _____ Completion Date: _____

Activity #2: _____ Completion Date: _____

Activity #3: _____ Completion Date: _____

Activity #4: _____ Completion Date: _____

Date of Completion: _____ Completed Other Plan Objective _____

Completed Education/Training Objective _____ Other Completion _____

Red Lake Band of Chippewa Indians - Employment Services

REQUEST FOR ASSISTANCE

Date: _____

Name: _____ Social Security #: _____

Current Address: _____

Phone Number: _____ Message Number: _____

Email: _____

Brief description of assistance requesting: _____

Estimated Cost requested: _____

I certify that the information provided herein is true to the best of my knowledge. I am aware that the information is subject to review and I may have to provide documentation to support this request. I am aware that I may be subject to prosecution for fraud and/or perjury if statements contained are found false.

Applicant's Signature

Job Counselor/Case Manager Signature

FOR OFFICE USE ONLY:

Eligibility Determined: YES NO Complete File: YES NO Compliance: YES NO

____ Approved ____ Denied: Reason _____

Request reviewed by: _____ Date: _____
(Compliance Officer)

Request approved by: _____ Date: _____
(Executive Director)

ACCOUNTS PAYABLE

- TERO
 - 102-477
 - MFIP 200
 - DISPARITIES TEEN PARENT
 - DIVERSIONARY WORK PROGRAM
 - INNOVATION FUND
 - TRANSPORTATION
-



MN Indian Scholarship Program
 MN Office of Higher Education
 1450 Energy Park Dr., Suite 350
 St. Paul, MN 55108
 (800) 657-3866
 (651) 642-0567

MINNESOTA INDIAN
 SCHOLARSHIP PROGRAM
 BUDGET SHEET
 (FOR FINANCIAL AID OFFICE USE ONLY)

2008-2009

Due: July 1st

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IDENTIFICATION INFORMATION

Student Name	Social Security Number	Does student meet MN State Grant residency requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Institution Name	Federal School Code	City, State

FINANCIAL AID OFFICE VERIFICATION OF INFORMATION

School Official (please print)	Signature	Date	Telephone Number () -
ISIR date this budget/EFC is based on:		Check here if Budget Sheet sent to Tribal Scholarship Office: <input type="checkbox"/>	
Type of Budget:	<input type="checkbox"/> First Budget <input type="checkbox"/> Revision	<input type="checkbox"/> Revision, Summer Add On <input type="checkbox"/> Summer Only	Revisions: <input type="checkbox"/> 1st Revision Date: <input type="checkbox"/> 2 nd Revision Date: <input type="checkbox"/> 3 rd Revision Date:
Student Will be Attending <input type="checkbox"/> Full Time <input type="checkbox"/> 3/4 Time <input type="checkbox"/> 1/2 Time (1/2 time students are not eligible)	Current Student Status: <input type="checkbox"/> Eligible <input type="checkbox"/> Academic Suspension <input type="checkbox"/> Withdrawal <input type="checkbox"/> In Default on Federal Loan <input type="checkbox"/> Other:	Current degree student is seeking: <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate/Master's <input type="checkbox"/> Doctorate or Professional	
Budget Period:	From:	To:	Total Cost of Attendance for this Budget Period: \$
Resources:	Parent Contribution: \$	Student Contribution: \$	Total Resources (EFC): \$
IMPORTANT:	Please list any grants, scholarships, and institutional aid the student is receiving. Please do not list federal or private loans. Start Date will determine MISP disbursement date. Enrollment level used to determine if student is eligible each term.		

TERMS	SSII	FALL	WINTER	SPRING	SSI	TOTAL
Start Date (for disbursement)						
Enrollment Level (FT, 3QT, HT)						
Assessed Need (COA - EFC)	\$	\$	\$	\$	\$	\$
FEDERAL/ STATE/ COLLEGE GIFT AID DO NOT INCLUDE LOANS	PELL	\$	\$	\$	\$	\$
	SEOG	\$	\$	\$	\$	\$
	MIN ST GT	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
BALANCE	\$	\$	\$	\$	\$	\$

**TRIBAL AND MISP FUNDING
 (FOR MISP OFFICE ONLY)**

TERMS	SSII	FALL	WINTER	SPRING	SSI	TOTAL
DATE						
TRIBE	\$	\$	\$	\$	\$	\$
MISP	\$	\$	\$	\$	\$	\$

Comments:

STAMP DATE INFORMATION

Date Application with incomplete budget received at MISP:	
Date budget sheet sent to PSI:	
Date received at PSI:	Date this completed budget received at MISP: