

Shoshone-Bannock Tribes
Checklist for New Students
 (For Higher Education and Vocational Training)

Applicant: _____
 College/
 University: _____

Information and Instruction. The Shoshone-Bannock Tribes welcomes your application for school funding. Due to the high demand for funding, the Tribe has had to impose firm deadlines in order to manage the budget and to assure continued funding for all students. Late applications will not be considered until the next deadline. It is important for you to read this document thoroughly and review the attached forms. It is the responsibility of the applicant to complete the Application for Services and turn in the documents on this checklist on or before the applicable deadline.

★ **Application and School Document Deadlines:**

For the Fall term, the deadline is May 1st

For Winter or Spring Terms, the deadline is October 1st.

If the May 1st or October 1st deadline falls on a weekend or holiday, the deadline is the next business day or usually Monday following. If Monday is a holiday, Tuesday is the deadline. If you miss a deadline, you may continue to submit documents for the next funding cycle.

A.	Class Schedule - Submit your class schedule for the upcoming semester/quarter. If you are unable to register for classes, provide written verification from your school explaining the reason you are unable to provide a class schedule	
B.	Needs Analysis (Form attached) - This form must be completed by the school's Financial Aid or Scholarship Office. To verify the information needed on this form, you must complete the free application for financial aid via the internet at https://fafsa.ed.gov . This is a mandatory requirement so that the school is able to verify your unmet need for funding (Needs Analysis form attached). After you apply for financial aid, please take or send this form to your school's Financial Aid Office to complete.	
C.	Release of Information (Forms Attached) - Please sign the two (2) forms enclosed, date and submit by deadline. One form is for your school, one is for your file.	
D.	College Transcripts - If you 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"	

If you are a first-time applicant, entering freshman student or recent high school graduate - you must turn in the documents above (A through D) AND the documents listed below (E , F and G).

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

Where to send your application: The Application for Services and school documents must be submitted to the 477 Intake Office located at 385 Bannock Trail Road (Old Casino Building) in Fort Hall, by regular mail at the address listed below, by FAX at (208) 478-3845 or by email to wboyer@sbtribes.com

For continued funding, After you are approved, you will need to submit documents after each term (quarter or semester) for continued funding. The two items you need to submit is a new class schedule and grades as soon as they are posted. ***If you plan to change schools, must notify your case manager as early as possible and submit documents A-D by the deadline.***

CONTACT PERSON:

Jami Moss, Higer Education Case Manager
 Telephone No. (208) 478-3760 or 208-339-3481
 Email address: jstevesson@sbtribes.com

Business Mailing Address:

Shoshone-Bannock Tribes
 477 Human Services Department
 PO Box 306
 Fort Hall, ID 83203

FINANCIAL NEEDS ANALYSIS FORM

STUDENT NAME _____

STUDENT ID NO. _____

TO: **FINANCIAL AID OFFICER** _____

PROGRAM / DEGREE: _____

SCHOOL _____

GRADUATION DATE: _____

CITY & STATE: _____

SCHOOL YEAR: _____

Financial Aid Officer: The person listed above applied for education assistance from the Shoshone-Bannock Tribe. All requests for education assistance are based on financial need and academic eligibility. To determine the student's eligibility for education and other assistance, please verify their awards (resources), and school expenses for the school year identified. Your response is appreciated.

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

GRANTS, SCHOLARSHIPS AND OTHER AWARDS STUDENT IS ELIGIBLE FOR					
Description	Fall	Winter	Spring	Summer	Total
Federal PELL Grant					
Federal Work Study Program					
State Grants / Awards					
Tuition Waiver					
SEOG					
Other:					

EXPENSES

Tuition or Registration _____

Other class fees _____

Books & Supplies _____

Room & Board _____

Personal _____

Transportation _____

Childcare _____

Other: _____

TOTAL EXPENSES: \$ _____

RESOURCES

Student Contribution _____

Parent Contribution _____

PELL Grant _____

Work Study _____

Loans: _____

VA Benefits _____

Scholarship: _____

Other: _____

TOTAL RESOURCES: \$ _____

TOTAL UNMET NEED: \$ _____

TENTATIVE AWARD

FINAL AWARD

If student does not qualify for federal financial aid, please explain:

FINANCIAL NEEDS ANALYSIS
 VERIFIED BY: _____
Financial Aid Officer Signature

DATE: _____

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

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

FAX Number
 (208) 478-3845

Email Address
jstevenson@sbtribes.com

Questions? Please call Jami Moss (208) 478-3760 or 208-339-3481

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 Tribes 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 TRIBES. 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 TRIBES
477 PROGRAM

FAX (208) 478-3845

**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 Tribes 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 grades, progress, attendance, test scores, transcripts and their contents, and financial aid awards and general information regarding academic, financial, school status. I further understand, the purpose of this release is to verify my eligibility for school funding from the Tribe and to coordinate my financial awards. If any party has questions or concerns regarding this release of information, I can be reached at the number or email address listed above.

Please release the information requested to:

Shoshone-Bannock Tribes
477 Human Services Department
PO Box 306
Fort Hall, ID 83203

As the student, I understand that this is a reciprocal agreement and Release of Information. Therefore, I authorize the Shoshone-Bannock Tribes 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 unless I revoke my permission in writing.

APPLICANT/
STUDENT SIGNATURE: _____ DATE SIGNED: _____

S ROI2021-2

Goal Worksheet

This sheet is provided as guide to help you to organize your immediate, short-term, and long-range goals in a simple format and to aid you when you meet with a case manager to develop your individual service plan.

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. This will aid with helping you map out a plan for 477 Services.

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:

Barriers to Employment Questionnaire

Applicant Name: _____

Services provided under the Shoshone-Bannock 477 Human Services Department or 477 HSD include education, workforce or occupational training, assistance to seek and maintain employment, and related services. **This form only needs to be completed once -- at the time of your original application unless to you are changing your plans.** One of the responsibilities of the 477 HSD is to assist youth and adult participants gain access to and/or to complete their education or training; and/or to seek and secure employment. Part of this includes identifying barriers or obstacles that hinder ones ability to pursue their goals. This will aid the program to help you design a plan of service and identify resources that may be beneficial to you. We require the applicant to complete this form to the best of their ability on their own. Below, please identify any items that you feel are barriers or circumstances that hinder your ability to go to school/training, stay in school/training or to enter or maintain employment. We appreciate your cooperation.

- 1) Are you currently attending school? _____ Last day attended: _____
- 2) My current school status: in High School in Vocational Training in College Not in School
- 3) Did you graduate with a HS Diploma or GED? _____ Graduation Date: _____
- 4) If you dropped out of school, what was the last day you attended school? _____
Reason(s) for dropping out: _____
Are you interested in getting your GED? Yes No
- 5) Do you have difficulties with these subjects: Reading Writing Math
- 6) During the past six (6) months, I have been subject to the justice system, as follows (check all that apply):
 I was arrested and have a pending case(s) with the Courts - When and where? _____
 I am or was convicted of a crime in the past six (6) months _____
 I am currently in jail / detention facility _____
 I am on probation -- Where? _____ Date Ends: _____
 Recently paroled -- Where? _____ Date Ends: _____
 Not Applicable
- 7) If you are or were in foster care, please check all that apply:
 I am currently in Foster Care _____
 I was in foster care before turning 18 and aged out of the system - When did foster care end: _____
 I was in foster care before turning 18 and left for other reasons before turning 18
Year left foster care: _____ Reason(s): _____
 Not Applicable
- 9) Did you run away from home in the past six months? Yes No Have you returned home? _____
- 10) Do you have stable permanent housing? Yes No Do you have a safe place to live? Yes No
Your housing issues: _____
- 11) Are you a pregnant or parenting teen? Yes No
- 12) Other Barriers or Circumstances affecting your education, employment or training efforts (check all that apply):
 Unskilled Employed part-time, low pay Victim of Domestic Violence
 No Previous Employment Seasonally Employed Welfare Recipient
 Limited Work Experience Currently Unemployed Little or No Income
 Lacking Marketable Skills Long-Term Unemployed In need of basic needs:
Food, Shelter, and Clothing
 In need of Training Work Clothes / Shoes
 Needs Job Search Assistance No Drivers License - Reason: _____ Transportation - explain:
 Needs Job Search Skills High Risk Driver - Reason(s): _____ Other - explain below

EMPLOYMENT HISTORY

Please begin with your most recently employment first.

Job Title	Job Title	Job Title
Start Date	Start Date	Start Date
End Date	End Date	End Date
Rate of Pay	Rate of Pay	Rate of Pay
Employer	Employer	Employer
City & State	City & State	City & State
Supervisor	Supervisor	Supervisor
Job Duties	Job Duties	Job Duties
Reason for Leaving	Reason for Leaving	Reason for Leaving

Employment History - Continued . . .

Job Title	Employer & Address	Rate of Pay	Dates of Employment		Job Duties
			Started	Ended	

Certificates / Degrees / Licenses

Type	Issuing Agency / State	Expiration Date

Other Skills and Work Experience

Explain: _____

Applicant/ Student
Name _____

GOAL STATEMENT

STUDENT SIGNATURE

DATE SIGNED