

Packet for School Funding

# HIGHER EDUCATION SCHOLARSHIPS

To attain a four-year bachelor's degree

OR

## VOCATIONAL

OR

## APPLIED TECHNOLOGY TRAINING

To attain an Associates (2-year) degree

***You must complete: 1) the Application for Services and 2) submit the forms outlined on the attached New Student checklist by the deadline. Forms attached.***

**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, to manage the budget and to assure continued funding for all students the DEADLINES ARE FIRM. 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. Please complete the Application for Services along with the documents listed below 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.*

**All students are required to submit documents A, B, C and D listed below.**

<b>A.</b>	<b>Class Schedule</b> - 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>B.</b>	<b>Needs Analysis</b> (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 <a href="https://fafsa.ed.gov">https://fafsa.ed.gov</a> . This is a mandatory requirement so that the school is able to verify your unmet need for funding. After you apply for financial aid, please take or send this form to your school's Financial Aid Office to complete.	
<b>C.</b>	<b>Release of Information</b> (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.	
<b>D.</b>	<b>College Transcripts</b> - 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).***

<b>E.</b>	<b>School Acceptance Letter</b>	
<b>F.</b>	<b>High School Transcript</b> - submit a copy of your HS transcript.	
<b>G.</b>	<b>High School Diploma or GED</b> - 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](mailto:wboyer@sbtribes.com)

**For continued funding.** After you are approved, for the next semester/quarter/term, submit your new class schedule and grades as soon as they are posted. For each new school year, your Needs Analysis for the upcoming school year is due May 1st. ***If you plan to change schools, you must notify your case manager as early as possible and submit documents A-D on or before the applicable deadline.***

**Contact Your Assigned Case Manager:**

**Jami Moss**  
 (208) 478-3760  
[jstevenson@sbtribes.com](mailto:jstevenson@sbtribes.com)

**OR Charlynn Perdash**  
 (208) 478-3983  
[cperdash@sbtribes.com](mailto:cperdash@sbtribes.com)

**Business Mailing Address:**

Shoshone-Bannock Tribes  
 477 HSD  
 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  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: \_\_\_\_\_

DATE \_\_\_\_\_

Financial Aid Officer Signature

**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](mailto:jstevenson@sbtribes.com)  
 [cperdash@sbtribes.com](mailto:cperdash@sbtribes.com)

*Questions? Please call Jami at (208) 478-3760 or Charlynn at (208) 478-3983*

<p><b>INFORMATION ABOUT THIS RELEASE.</b> 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.</p>	<p style="text-align: center;">Shoshone-Bannock Tribes 477 Human Services Department</p> <p style="text-align: center;">FAX (208) 478-3845</p> <p style="text-align: center;"><b>RELEASE OF INFORMATION</b></p>
<p><b>NEEDS ANALYSIS AND SCHOOL RECORDS.</b> 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).</p>	

**AUTHORIZATION GIVEN TO:**

**STUDENT INFORMATION**

School: \_\_\_\_\_

Office: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID No. \_\_\_\_\_

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 hereby 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.

STUDENT SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

# Barriers to Employment Questionnaire

Applicant: \_\_\_\_\_

Services provided under the Shoshone-Bannock 477 Human Services Department or 477 HSD include education, occupational or workforce training, employment, and related services. One of the responsibilities of the 477 HSD is to assist participants gain access to education, training; and/or to seek, secure and/or maintain employment. Part of the process includes identifying barriers or obstacles that hinder ones ability to pursue their goals. This questionnaire will aid in helping you design an individual plan of service and identify resources that may benefit to you.

We urge you to complete this form on your own and to the best of your ability. Please identify any items you feel are barriers or circumstances that hinder your ability to go to school / training, stay in school / training, to complete school/training and/or to enter or maintain employment. We urge you to complete this form on your own and to the best of your ability. Skip the questions that do not apply to you. Your cooperation is appreciated.

- 1) Are you currently attending school? \_\_\_\_\_ Last day attended: \_\_\_\_\_
- 2) Current school status today: \_\_\_\_\_ Not in School \_\_\_\_\_ In High School \_\_\_\_\_ in College \_\_\_\_\_ In Training
- 3) If you dropped out of school, what was the last year you attended school? \_\_\_\_\_ Where? \_\_\_\_\_  
Reason(s) for dropping out: \_\_\_\_\_
- 4) HS Graduation Date: \_\_\_\_\_ High School Diploma or GED? \_\_\_\_\_  
School or Facility your HS diploma or GED certificate was issued: \_\_\_\_\_
- 5) Do you have difficulty with these subjects: \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Math
- 6) If you had to deal with the justice system in the past six (6) months, please check all that apply to you:  
\_\_\_\_\_ I was arrested \_\_\_\_\_ I was convicted of a crime \_\_\_\_\_ I am currently in jail or a detention facility  
\_\_\_\_\_ I am on: \_\_\_\_\_ Probation \_\_\_\_\_ Parole Where? \_\_\_\_\_ Date Ends: \_\_\_\_\_
- 7) Do you have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_
- 8) Do you have stable permanent housing? \_\_\_\_\_ Where do you currently live? \_\_\_\_\_  
Are you safe where you currently live? \_\_\_\_\_ Current housing issues: \_\_\_\_\_
- 9) Other Barriers or circumstances affecting your education, training, employment or related goals (check all that apply):  
\_\_\_\_\_ In need of Job Training \_\_\_\_\_ Work Related Injury \_\_\_\_\_ Victim of Domestic Violence  
\_\_\_\_\_ No Previous Employment \_\_\_\_\_ Serious Family Health Issue \_\_\_\_\_ Employed part-time, seeking full-time  
\_\_\_\_\_ Lacking Marketable Skills \_\_\_\_\_ Childcare  
\_\_\_\_\_ Needs Computer Skills \_\_\_\_\_ In need of basic needs of food, shelter and water  
\_\_\_\_\_ Welfare Recipient \_\_\_\_\_ Transportation - Explain: \_\_\_\_\_  
\_\_\_\_\_ Needs Job Search Assistance \_\_\_\_\_ No Drivers License - Reason: \_\_\_\_\_  
\_\_\_\_\_ Unemployed, looking for work \_\_\_\_\_ High Risk Driver - Reason: \_\_\_\_\_  
\_\_\_\_\_ Other - Explain: \_\_\_\_\_

## 10) Questions for applicants 18 years of age or younger

- a) Are you pregnant? \_\_\_\_\_ If yes, what is your due date? \_\_\_\_\_
- b) Are you a parenting teen? \_\_\_\_\_ If yes, how many kids? \_\_\_\_\_ Boys: \_\_\_\_\_ Girls \_\_\_\_\_
- c) 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  
\_\_\_\_\_ I was in foster care before turning 18 but left for other reasons before turning 18
- d) Did you run away from home in the past 6 months? \_\_\_\_\_ Yes \_\_\_\_\_ No Have you returned home? \_\_\_\_\_  
Reason for running away: \_\_\_\_\_

**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.

<b>Immediate Goals</b>		<b>Short-Term Goals</b>		<b>Long-Term Goals</b>	
<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>	
<b>Education/School:</b>	<b>Deadline:</b>	<b>Education/School:</b>	<b>Deadline:</b>	<b>Education/School:</b>	<b>Deadline:</b>
<b>Employment</b>	<b>Deadline:</b>	<b>Employment</b>	<b>Deadline:</b>	<b>Employment</b>	<b>Deadline:</b>
<b>Personal Achievements</b>	<b>Deadline:</b>	<b>Personal Achievements</b>	<b>Deadline:</b>	<b>Personal Achievements</b>	<b>Deadline:</b>

**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

***Education, Training or Apprenticeship History***

Training, College, Apprentices	School/Training Facility, City & Sate	Dates

**Certificates / Degrees / Licenses**

Type	Issuing Agency / State	Expiration Date

**Other Skills and Work Experience**

Explain:

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