



Pueblo of Laguna Department of Education  
 PARTNERS FOR SUCCESS  
 P.O. Box 207 Laguna, NM 87026  
 Phone: (505) 552-9322 Fax: (505) 552-7168

**Please check one:**

- College  GED  CDL  CNA  CPR/First Aid
- Job Placement  School Supply
- Youth Employment  Other \_\_\_\_\_

**Please - Print in black ink and complete all information**

**Section I Applicant Information**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female

Phone \_\_\_\_\_ Message Phone \_\_\_\_\_ Name/Relation \_\_\_\_\_

Email Address \_\_\_\_\_ Home Location \_\_\_\_\_

Village/Tribe \_\_\_\_\_ Parent/Guardian's Name (if under 18 years of age) \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

Military Service Man/Women  Yes  No If yes, Date of Service: \_\_\_\_\_

Veteran  Yes  No Branch: \_\_\_\_\_

Disabled Veteran  Yes  No Copy of DD 214 Submitted  Yes  No

Referred by: (check one)  Self/Walk -In  L-A High School  Vocational Rehab  Tribal Court  Other \_\_\_\_\_

**Section II Applicant Data**

Education completed: (Circle highest level completed)

High School	9	10	11	12	GED	What year completed? _____
College/University	1	2	3	4	4+	Degree _____
Vocational/Technical School	_____					Other Training (describe) _____

**Section III Barriers/Offender Barriers/At Risk**

Please check all of the items below that apply to you:

- Single head of household
- Temp. housing/homeless
- Learning Disability (Spec. Ed)
- Lack of Transportation
- Alcohol/Substance Abuse
- Self  Family Member
- Foster Care
- Disabled
- Criminal Record
- Adjudicated
- Other \_\_\_\_\_
- Unemployed
- Out of school/drop out
- Unstable housing arrangements
- Under- employed/low income
- Pregnant/Parenting teen
- Independent Living
- Intensive After Care program
- Parole/Probation
- Convicted of a crime
- Previously Incarcerated
- BIA General Assistance
- TANF recipient (**check one**)
- Short Term  Long Term  Food Stamps
- Lack of significant work history
- Offender in household
- Gang member in household
- Gang involvement
- Currently Incarcerated
- Receiving SSI
- Self  Family Member

**Section IV Work History**

Labor Force Status: *Please check your status and complete the information below*

Are you currently employed?     Yes    No

Are you currently receiving unemployment benefits?                       Yes    No

Number of weeks on unemployment: \_\_\_\_\_

Complete the information below for the last two jobs you have held. Start with the most recent position. Include Military and Volunteer work.

Job Title \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly wage \_\_\_\_\_ Hours/Week \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly wage \_\_\_\_\_ Hours/Week \_\_\_\_\_

**Section V Employment, Training, Education and Related Activities**

Program Activities:

Skills Training (vocational, license)

Mentoring

Community Service

College

Subsidized work experience/Internships

Basic Remedial Education ( tutoring)

Unsubsidized work experience

Adult Basic Education Classes

Job preparation class/career coach/job search

**Applicant’s Appeal Procedures**

The Applicant has the right to appeal a denial of funding for cause according to appeal process stated in the appeal process below:

1. Upon receipt of a letter of denial from the E & T program, the applicant may appeal the decision in writing to the Director of PFS. The letter should state specific reason (s) he/she merits reconsideration for funding. Documents to substantiate the appeal should be included (e.g., medical report, transcripts, letters, etc.)
2. If the appeal response from the Director is unsatisfactory, the applicant may submit in writing to the Superintendent of the Laguna Department of Education. The letter should state specific reason(s) he/she merits reconsideration for funding. Supporting documentation should be included to substantiate the appeal.

**Certification of Applicant:**

I certify that the information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification and that I may have to provide additional information. I authorize Partners to share this information with Partners For Success Partners (ie. Tribal Court, L-A High School, LA Connections, Employment & Training, PFS Higher Ed., Grants Cibola County Schools) for the purpose of assisting me in obtaining assistance, training, education or employment.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

## Required Documents for Partners for Success

In order to activate your PFS application for services and/or determine eligibility, please provide the additional documents as indicated below.

Provide **ONE** item from each of the following categories:

Identification: Age	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> School/State ID <input type="checkbox"/> Tribal ID
Proof of Residence	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Voter Registration <input type="checkbox"/> Postmarked Mail
Verification of Indian Blood	<input type="checkbox"/> Tribal Enrollment Card <input type="checkbox"/> Certificate of Indian Blood (CIB)
Selective Service Registration	<input type="checkbox"/> Selective Services Card or Number (males 18-25)
Social Security	<input type="checkbox"/> Social Security Card

### CERTIFICATION

I certify that the information contained on this application is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification. I have provided all documents that were requested to support this application. I am also aware that I am subject to be dismissed if I am found ineligible after enrollment. I allow the release of this information for verification purposes and I understand that it will be used to determine my eligibility. If accepted I agree to abide by all rules, regulations and procedures of the Pueblo of Laguna Partners for Success.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Partners for Success Staff Signature

\_\_\_\_\_

Date



Pueblo of Laguna Department of Education

Partners for Success

PO BOX 207 Laguna, NM 87026

Office: (505) 552-9322 Fax: (505) 552-7168

# Employment & Training Education Program

## Personal Statement for Services

A personal statement will reflect your attitude, commitment to completing a program, and your short and long-term goals. All statements must be typed. Here are some subjects you should cover in your personal statement:

- Education Goals: What type of degree or certificate do you plan to earn?
- Employment Goals: What type of work will you seek upon completion?
- Describe your personal commitment or desire to complete a program.
- Any personal achievements that you would like to note.
- Previous education.

Remember, this statement is simply a short, three-paragraph document that allows Partners for Success to understand your commitment towards completing the training in which you are interested. It should explain exactly why you are requesting services from Partners for Success.

If you need assistance, please call 552-9322

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



Pueblo of Laguna Department of Education  
Partners for Success  
**Media Release**

I, \_\_\_\_\_ (print your name), do hereby grant permission to the Laguna Department of Education-Partners for Success to Photograph, Video Record, Audio Record me and use the images, my name and sounds obtained for print, radio, electronic media, websites or video broadcasts anywhere throughout the United States and to edit such media for the sole purpose of promoting Partners for Success.

I hereby attest that I have read and agree to the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are under the age of 18 years of age, the signature of Parent/Guardian is also required:

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date