



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

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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