



Terry Rambler
CHAIRMAN

**SAN CARLOS APACHE TRIBE
EDUCATION DEPARTMENT**

P.O. Box 0
San Carlos, Arizona 85550
(928) 475-2336 • Fax (928) 475-2507
www.scat-education.com



Tao Etpison
VICE CHAIRMAN

Job Placement & Training Program

Dear Applicant,

Thank you for taking an interest in our JP&T Program. We, here at the Education Department want to assure you that you have our full support in pursuing a **Certificate** in your chosen program of study.

The Job Placement and Training Program is one of our unique programs we offer here at our Education Department. We provide vocational training and employment assistance to *qualified* and *eligible* San Carlos Apache adult members. The Job Placement & Training program is to assure that the training and placement leads to job preparation and attainment while enhancing self-sufficiency. The program requirements are as follows:

- Must be an enrolled member of the San Carlos Apache Tribe
- Must reside on or near the San Carlos Apache Reservation
- Must be 18-40 years of age
- Must have High School Diploma (2.0 GPA) or GED Certificate
- Must be in need of training: Unemployed or Under-employed
- Must complete program application
- Must apply for FAFSA (Federal Pell Grant)

Please note the Financial Need of the applicant is determined by the FAFSA and Tribal Financial Needs Analysis. Applications and school information are available in our Education office or on our website at www.scat-education.com. We look forward to working with you and wish you all the success!

Sincerely,

Flora Talas, M.Ed
Executive Director of Education
San Carlos Education Department

Requirements for Job Placement & Training Program
Certificate Programs ONLY

San Carlos Education Department

Phone: (928) 475-2336 * Fax: (928) 475-2507

www.scat-education.com

Applicants are responsible to submit applications and all required documents a month PRIOR to your start date. If incomplete by your start date, you will be asked to get another start date so that you can complete your file/documents.

1. Required forms to be completed at the office:

Date Received:

A. Application for JPT Service

B. Application for JPT DE Service

2. Supporting documents: **Must be original documents:**

A. Original Tribal Enrollment C.I.B. – Most Current

B. Official Birth Certificate (Trainee/Family)

C. Social Security Card

D. Driver's License/State ID

E. Selective Service Registration (Male's Only)

F. Military DD214

G. Marriage Licenses OR Divorce Decree

3. Other Documents:

A. Official Transcripts **from school last attended:**
College, High School or GED Certificate/Test Scores

B. Certificate of Completion of Prior Trainings

4. Required School Documents:

A. Letter of Acceptance, Class Schedule, Enrollment Agreement

B. Student Submission Summary- FAFSA Pell Grant

C. Financial Needs Analysis (Submitted by JPT)

*Apply for Financial Aid at: <https://studentaid.gov/h/apply-for-aid/fafsa>

5. Comments:

For Office Use Only

Initial Visit: _____ School: _____ Program: _____

File Complete _____ Incomplete _____ JP&T Coordinator _____



San Carlos Apache Tribe Education Department
JOB PLACEMENT & TRAINING PROGRAM
 (928) 475-2336 ▪ FAX:(928) 475-2507

This is your pre-application to attend a vocational school under the Job Placement and Training Program.

Name: _____ Social Security Number: _____

Date of Birth: _____ Marital Status: _____ Tribe: _____

Address: _____
(P.O. Box/Street Address) (City/State) (Zip Code)

Phone Number Cell: _____ Email: _____

Name of Spouse: _____

Name of Children: _____

High School Diploma or GED Certificate (circle one) Graduation Year: _____

Name and Address of Vocational School you plan to attend: _____
(P.O. Box/Street Address) (City/State) (Zip Code)

Vocational Choice: _____

Funding request for Tuition: _____ Maintenance: _____ Tools: _____

The San Carlos Apache Tribe-Job Placement & Training Program Grants fulfills a portion of the student's educational costs to attend a vocational school of his/her choice. Job Placement and Training grants are awarded on a basis of "Demonstrated Financial Need" as determined by the Financial Aid Office at the School. It is necessary that each student complete the standard Financial Aid Application (FAFSA) to establish his/her educational costs.

You are expected to enroll as a Full-Time student, report any additional income, and return any refunds upon withdrawal.

The Job Placement and Training Program may provide funding for a course of vocational training at any institution, public, or private. Job Placement and Training monies are not provided to students attending institutions of higher learning.

I, _____, have read and understand the conditions and procedures of the Job Placement & Training Program and authorize a release of all documents pertinent to my grant to the San Carlos Apache Tribe-Job Placement and Training Program.

**Application for Training and Direct Employment Assistance
Job Placement & Training Program**

Name of Applicant (Last, First, Middle) Phone Number	Type of Service: <input type="checkbox"/> Direct Employment Assistance <input type="checkbox"/> Institutional Training <input type="checkbox"/> On the Job Training <input type="checkbox"/> Other: _____
Address (P.O. Box, City, State, Zip Code) 	

Section A. - Formal Request

I hereby apply for the type of service indicated above at _____ <div style="text-align: right; margin-right: 100px;"><small>(Point of Destination)</small></div> and agree to cooperate with those officials designated to render this service. Financial assistance for this purpose (is/ is not) needed.			
_____	_____	_____	_____
<i>Applicant Signature</i>	<i>Date</i>	<i>Spouse's Signature</i>	<i>Date</i>

FOR OFFICE USE ONLY

Section B. - Recommendation

1.) The above-named applicant is: a.) Eligible for Direct Employment Assistance b.) In need of financial assistance c.) Eligible for Adult Vocational Training d.) Recommended:	Yes	No	
	_____	_____	
	_____	_____	
	_____	_____	
_____	_____	_____	_____
<i>AVT Coordinator Signature</i>	<i>Date</i>	<i>Education Director Signature</i>	<i>Date</i>
2.) For Institutional Training and Repeat Services:	Yes	No	
<i>Comments: (Place on reverse side)</i>	Recommended	_____	
		_____	_____
		<i>Education Director Signature</i>	<i>Date</i>

Section C. - Acceptance

The above-named applicant is accepted for the type of service indicated. Arrival date is scheduled for _____	
_____	_____
<i>Education Director Signature</i>	<i>Date</i>

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

INFORMATION RECORD

Application No. _____

NAME (Last, First, Middle)	Phone Number: Mailing Address:	Date of Birth
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Veteran ____ YES ____ NO	Marital Status ____ Single ____ Married ____ Widow ____ Divorce ____ Separated	Number of Dependents _____ Children in School _____
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Applying for: Vocational Training _____ Direct Employment _____ Other _____	Initial Request _____	Agency _____ Area _____	In case of Emergency: Name: _____ Address: _____ Tel. No.:() _____
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Education:
Highest Grade Completed: _____
Schools attended and Date:

Military:
Branch of service: _____ **Date Entered:** _____
Date of Discharge: _____ **Type of Discharge:** _____
Are you eligible for VA Benefits? _____

Type of training or employment you are interested in: _____
Training or Employment Location Desired: _____
For Training:
Course No. and Title: _____
School and Address: _____
Do you have any physical limitations that would interfere with your training or employment: Yes or No
(circle one)
If yes, please explain _____
Have you had previous training: Yes _____ **No** _____
If yes, give the type of training received: _____ **Training Facility:** _____
Sponsor of training: _____ **Did you complete the training?** _____
If no, give reason why? _____
Do you have income from any source? Yes _____ **No** _____ **If yes, please explain** _____

Employment Record: (List your three most important periods of employment.)
From: _____ **To:** _____ **Employer Name & Address:** _____
Job Title: _____ **Description of Duties:** _____
Reason for Leaving: _____

Employment Record

From: _____ To: _____ Employer Name & Address: _____
 Job Title: _____ Description of Duties: _____
 Reason for Leaving: _____

Employment Record:

From: _____ To: _____ Employer Name & Address: _____
 Job Title: _____ Description of Duties: _____
 Reason for Leaving: _____

Personal:

Do you have any skills now and what type? _____
 If typing, words per minute? _____ Shorthand, words per minute? _____
 Do you own an automobile? _____ How much are your monthly payments? _____
 Do you have a valid driver's license? _____ Do you owe money for traffic violations? _____
 If yes, explain: _____

List Family Members: (Spouse, Children and other dependents)

NAME	RELATIONSHIP	TRIBE	DOB/BIRTHPLACE	GRADE IN SCHOOL

RECORD OF FINANCIAL RESOURCE**Must be filled out**

Are you employed? _____ If yes, where? _____

Do you or your spouse (if married) have income from any source other than which you earn from employment?

Welfare _____ TWEP _____ AFDC _____ Unemployment _____ VA _____ Social Security _____

Do you own a House? _____ or Rent? _____ Do you have any Debt? _____

CERTIFICATION OF ACCURACY OF INFORMATION GIVEN

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT:

 (Signature of Applicant)

 (Date)

TO BE INITIALED BY APPLICANT FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued to me for training purposes will be used or repayment will be made to San Carlos Educational Opportunity Grants (BEOG) etc., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance and income information to the San Carlos Apache Tribe, Adult Vocational Training & Direct Employment Program upon request.

_____ (Initial)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

1. The authority for solicitation of the information on this form is 25 U.S.C 13 (42 Stat. 208) P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for service.
4. The routine use of this information is by the San Carlos Apache Tribe, Adult Vocational Program and school counselors to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employees who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

(Applicant Signature) (Date)

(Interviewer's Signature) (Date)

NOTICE: ALL APPLICANT FILES SHALL BE KEPT CONFIDENTIAL BY THE SCAT EDUCATION DEPARTMENT

In order for the Education Department to disclose any information in regard to the recipient's records, **a written consent form must be completed and on file.** No direct or indirect information will be revealed to a third-party individual, such as a spouse, parent(s), extended family member(s), and any elected official.

First Name: _____ Last Name: _____ SSN: _____

Phone: _____ Cell: _____ Work: _____

Permanent Mailing Address: _____
(P.O. Box/Apt. # Street, City, State, Zip)

Marital Status: _____ Spouse Name: _____ No. of Dependent(s): _____

Father's Name: _____ Tribal Affiliation: _____
(First Name) (Last Name)

Mother's Name: _____ Tribal Affiliation: _____
(First Name) (Last Name)

43 CFR Subtitle A. 2.56 Disclosure of Records: No record contained in a system of records may be disclosed by any means of communication to any person or to another agency except pursuant to a written request by or with prior written consent of the individual to whom the record pertains.

I hereby give authorization to the SCAT Education Department to release any information or documents to the following individual(s):

Please mark one

I Authorize no one to receive information on my behalf, other than myself.

I Authorize the individuals listed below to receive information, and/or receive subsistence checks on my behalf.

Individual's Name	Relationship to Applicant	Information to be released
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Individual's Name	Relationship to Applicant	Information to be released
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Individual's Name	Relationship to Applicant	Information to be released
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Individual's Name	Relationship to Applicant	Information to be released
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Applicants Authorized Signature	Date
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VOCATIONAL SCHOOLS & Programs of Study

Carrington College (Mesa)

Address:

1001 Southern Avenue, Ste. 130
Mesa, Arizona 85210
www.carringtoncollege.edu
(928) 212-1600

Programs:

Dental Assisting
Health Care Administration
Veterinary Assisting
Medical Assisting
Medical Billing & Coding
Pharmacy Technology
Physical Therapy Technology

Arizona College

Address:

163 N. Dobson Road
Mesa, Arizona 85302
www.arizonacollege.edu
(855) 706-8382

Programs:

Medical Billing & Coding
Medical Assisting w/Phlebotomy
Dental Assistant
Pharmacy Technician

Pima Medical Institute (Mesa)

Address:

957 S. Dobson Road
Mesa, Arizona 85202
www.pmi.edu
(480) 644-0267

Programs:

Dental Assistant
Medical Assistant
Medical Administrative Assistant
Patient Care Technician
Pharmacy Technician
Veterinary Assistant

Brookline College (Tempe)

Address:

1140-1150 D. Priest Dr.
Tempe, Arizona 85281
www.brooklinecollege.edu
(480) 545-8755

Programs:

Dental Assistant
Pharmacy Technician
Medical Assistant
Medical Insurance Billing & Coding
Patient Care Technician

Arizona Automotive Institute

Address:

6829 North 46th Avenue
Glendale, Arizona 85301
www.aai.edu
(623) 934-7272

Programs:

Automotive Service Technology
Diesel-Heavy Truck
Combination Welding

The Refrigeration School

Address:

4210 E. Washington St.
Phoenix, Arizona 85034
www.refrigerationschool.com
(480) 676-5843

Programs:

Electro-Mechanical Technologies
Welding Specialist