

Job Placement & Training

Short-Term Training

Short-Term Training applications will be awarded tuition and book(s) assistance only.

You must complete your training to be eligible for further funding. We need a copy of your certificate or grades after completion of course, or your application will be counted as incomplete.



Comanche Nation Higher Education P.O. Box 908 Lawton, OK. 73502
Office: 580.492.3368 Toll Free: 1.877.703.2288
Fax: 580.492.4017 Email: bonniet@comanchenation.com

**JOB PLACEMENT & TRAINING PROGRAM
SHORT-TERM APPLICATION**

ELIGIBILITY REQUIREMENTS:

1. Applicant must be an enrolled Comanche Tribal Member.
2. Must reside in the five-county service area (Comanche, Cotton, Tillman, Caddo and Stephens Counties).
3. Applicant must be unemployed or under-employed and show proof that current income is not sufficient to meet training goals.
4. Applicant must verify that short-term training will enhance existing employment skills, or be a marketable skill for employment opportunity
5. Must complete application by providing the following documents:
 - a. **Comanche Tribal Enrollment Card**
 - b. **Address Verification**
 - c. **High School/GED Diploma or Transcript**
 - d. **Official Documentation of class tuition and book cost**
 - e. **Complete the Letter of Intent**
 - f. **Complete Forms 1A-ISP and 2A-IDP included in application**
6. Repeat training services will be determined on an individual basis, considering need, completion, ability, prior performance, and present motivation of the applicant.

GERERAL INFORMATION:

CDIB #: _____

Name: _____

S.S.N. _____ - _____ - _____ **D.O.B.:** ____/____/____ **Age:** _____

Address: _____

City **State** **Zip**

Telephone No.(____) _____ **Cell No.** (____) _____

EMAIL ADDRESS _____ @ _____

Marital Status: _____ **Maiden Name:** _____ **Children** _____

ENROLLMENT INFORMATION

Name of Vocational/Technical School: _____

Class Name: _____

Starting Date: _____ **Ending Date:** _____

Cost of Tuition: \$ _____ **Cost of Books \$** _____

EMPLOYMENT/CAREER INFORMATION

Are you currently employed? Yes _____ No _____ Job Position _____

Full Time _____ Part Time _____ Student _____

Place of Employment _____ Monthly Income \$ _____

SELECTIVE SERVICE/MILITARY SERVICE:

Selective Service Number: _____ Registration Date: _____

Date of Birth: _____ Social Security Number: _____

Military Serial Number: _____ Date of Discharge: _____

Do you have a service connected disability of 10% or more: Yes No

Describe military duties that were assigned: _____

PLEASE CAREFULLY READ, SIGN AND DATE THE FOLLOWING.

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ALL GRANT AWARDS I RECEIVE ARE SUBJECT TO NULLIFICATION IF I WITHDRAW FROM CLASSES OR FAIL TO MAINTAIN THE REQUIRED GPA.

APPLICANT'S SIGNATURE

DATE

PRIVACY STATEMENT: The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g: 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to recipients that receive Federal funding for educational purposes. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. In accordance with this, CNHE will discuss student information with the student applying for assistance only.

APPLICANT'S SIGNATURE

DATE

**COMANCHE NATION
SHORT-TERM LETTER OF INTENT**

Why are you seeking assistance at this time?

What type of assistance do you require?

Which vocational program are you seeking training in? Where? Do you have any background experience for this program?

4. What is your goal after you complete your training?

Additional Comments:



Comanche Nation Job Placement & Training Program

Individual Self-Sufficiency Plan (ISP)



Applicant Name: _____ SSN: _____

Adult Vocational Training-Long Term Direct Employment Short-Term Training

Have you received previous assistance through JP & T? Yes No

If Yes, what type of assistance? _____

Applicant Case Plan

1. What does applicant need to do to obtain job skills and/or retain a job leading to self-sufficiency?

- A. _____ Employment Search
- B. _____ Public Assistance (Specify) _____
- C. _____ Medical Treatment
- D. _____ Education/Training (Specify) _____
- E. _____ Vocational Rehabilitation
- F. _____ Other (Specify) _____

2. What obstacles exist that prevent applicant from seeking training or permanent employment?

- A. _____ Overcrowded Residence
- B. _____ Substance Abuse
- C. _____ Transportation Problems
- D. _____ Child Care Problems
- E. _____ Financial Need (specify) _____
- F. _____ Other (specify) _____

Self Assessment

1. Job Readiness: (List all work experience and job training obtained)

2. Education (List all skills, training, workshops, or applicable classes obtained)

3. List support services needed and reasons: (ie. Childcare-daycare, Social Services-utility)

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Signature of Applicant: _____ Date: _____

Signature of Job Placement & Training Specialist: _____ Date: _____



Comanche Nation Job Placement & Training Program Individual Development Plan (IDP)



Applicant Name: _____ SSN: _____

Adult Vocational Training-Long Term Direct Employment Short-Term Training

1. Targeted Career/Training Goals: _____

2. Reasons for Preparing IDP: _____

3. Strategies for success: _____

4. Remarks/Other: _____

Service Needed	Program Activity	Training Source	Cost Estimated	Date		Remarks
				Target	Completed	

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all funding is subject to nullification if the information is not in accordance with the Education Assist. Act (Public Law 93-638, 88 Stat. 2203).

Signature of Applicant: _____ Date: _____

Signature of Job Placement & Training Specialist: _____ Date: _____