



Job Placement & Training

Long-Term Training

(600 hours or more)

Qualified Long-Term Training applicants are eligible for financial assistance and vocational counseling for a school period of at least nine (9) months, not to exceed twenty-four (24) months.



Comanche Nation Higher Education
P.O. Box 908 Lawton, OK 73502
Office: 580.492.3363 **Toll-Free** 1.877.703.2288
Fax: 580.492.4017 **Email:** highered@comanchenation.com

COMANCHE NATION
JOB PLACEMENT & TRAINING

The JP&T program is designed to assist eligible Comanche tribal members to attain hands-on training in long-term/full-time programs offered by vocational schools. Vocational Training assistance includes, but is not limited to, financial assistance, vocational counseling, and training for individuals for a school period of at least (9) months, not to exceed twenty-four months.

******Requirement Checklist******

- I am an enrolled member of the Comanche Tribe and have a Certificate Degree of Indian Blood (CDIB) card.
- I am at least 18 years old and have a current photo ID.
- I reside within the 5-county BIA service area of Comanche, Caddo, Cotton, Tillman, or Stephens counties (services may be provided under BIA funding).
- OR**
- I do not reside within the BIA service area (services may be provided under CNG funding).
- I have not received long-term vocational training from the JP&T program, BIA or other Comanche Nation Educational programs before.
- I am in need of a skill and willing to obtain employment.
- I am incapable of paying for training in order to continue or maintain eligibility status.
- I have submitted an application for federal financial aid (FAFSA) at [www.fafsa.ed.gov]
- I have provided a copy of my PELL award letter from FAFSA.
- I have provided a copy of my Social Security card.
- I have proof of residence and have provided a copy of my address verification (utility bill, lease agreement or a piece of mail that has a postmark).
- I am a high school graduate **OR** G.E.D. certified and I have provided a copy of my high school diploma, transcript or GED certification.
- I have provided a copy of my birth certificate and of the dependents under the age of 18 (if applicable) within my household.
- I have received and provided a copy of my Letter of Acceptance from the institution/school that I will be attending.
- I have written, signed, a dated a Letter of Intent stating why I want to participate in vocational training.
- I have taken my Entry Exams (if required by the institution) and provided a copy of the results.
- I have answered the JP&T Questionnaire accurately and to the best of my ability (pg. 5).
- I have carefully read and signed the JP&T Statement of Understanding (pg. 6).
- I have completed the Consent for Release of Information in the presence of a notary (pg. 7).
- I have filled out the CDIB Request Form and submitted it with the application (pg. 8).
- I have completed the 1A-ISP and 2A-IDP forms included in the application (pgs. 9-10).

**COMANCHE NATION
JOB PLACEMENT & TRAINING**

STUDENT INFORMATION:	PLEASE PRINT
Name: _____	Tribal Roll Number: _____
Address: _____ _____	SSN: _____
Email: _____	Date of Birth: _____
	Phone number: _____

HOUSEHOLD INFORMATION:	PLEASE PRINT							
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Do you have proof of marital status? _____								
Children residing in your household: <input type="checkbox"/> Yes <input type="checkbox"/> No Total under the age of 18 _____								
List members of household or dependents (those you will be supporting during training):								
NAME			RELATIONSHIP			AGE		

Signature of Applicant

Date

FOR HIGHER EDUCATION OFFICE USE ONLY:	
<input type="checkbox"/> Birth Certificates	<input type="checkbox"/> PELL Award Letter
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Letter of Acceptance
<input type="checkbox"/> Current Photo ID	<input type="checkbox"/> Letter of Intent
<input type="checkbox"/> CDIB	<input type="checkbox"/> Notarized Consent
<input type="checkbox"/> Address Verification	<input type="checkbox"/> CDIB Request Form
<input type="checkbox"/> High School Diploma/GED Certificate	<input type="checkbox"/> 1A-ISP Form
<input type="checkbox"/> Entry Exam Results	<input type="checkbox"/> 2A-IDP Form

PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL:

FINANCIAL STATEMENT/ANTICIPATED INCOME:

Income from Employment \$ _____
Income from Parent(s) \$ _____
Income from Spouse \$ _____
Child Support \$ _____
Scholarship \$ _____
Other (Please List) \$ _____

Head of Household-Name: _____

Occupation: _____

Spouse Name: _____

Occupation: _____

SELECTIVE SERVICE/MILITARY SERVICE:

PLEASE PRINT

Selective Service Number: _____

Registration Date: _____

Date of Birth: _____

SSN: _____

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: _____

Signature of Applicant

Date

Signature of JP&T Specialist

Date

COMANCHE NATION
JP&T QUESTIONNAIRE

1. Why are you seeking assistance at this time?

2. What type of assistance do you require?

3. Which vocational program are you planning to train in? Do you have any background experience for this program?

4. What is your goal after completing vocational training?

5. Additional comments (if applicable):

Signature of Applicant

Date

**COMANCHE NATION
JP&T STATEMENT OF UNDERSTANDING**

PLEASE READ CAREFULLY BEFORE SIGNING AND DATING THE BELOW CONTRACT:

I, _____ confirm that I have read the statements below and will abide by them if accepted as a student on the JP&T program.

I agree to abide by the rules and regulations of the school and JP&T program for attendance, personal behavior, grades and contract fulfillment. If I am absent or tardy, I understand that I will not be paid for those hours.

I agree to notify the Comanche Nation Higher Education of any change in address and will provide verification of said address. I understand that I must notify my counselors of any change in contact information, and will keep the Higher Education office updated on any changes. I also agree to notify the Higher Education office of any emergency that occurs at the training location or at home to prevent from being considered as absent without authorization/approval. I will notify my counselors if I must leave the training location. This is also to prevent any misunderstandings which may reflect on my standing in the JP&T program. If I must discontinue training, I agree and understand that I must notify the JP&T counselor and Director of Higher Education as well as the proper school officials.

I understand that if I am dismissed from the JP&T program for any unfavorable reason, such as poor grades, misconduct, excessive absences or tardiness, or any other conduct issue which will prevent the successful completion of my coursework, I will not be offered a second chance on the JP&T program. Furthermore, I understand that if I am placed on probation by the school/institution for any reason, I am also considered on probation by the JP&T program. If I am not in good standing by mid-trimester or mid-semester, I will be subject to termination from the JP&T program.

By accepting my application for the JP&T program and meeting all eligibility requirements, the Comanche Nation agrees to furnish financial assistance for school and living expenses **limited to maximum allowances under the JP&T maintenance guidelines.** Financial assistance will be provided during my training period as long as I observe the rules and guidelines and maintain an acceptable satisfactory GPA of a 2.0.

Lastly, I agree to provide a copy of my certification of completion/diploma upon graduation (as required by the funding agency).

I have read and fully understand the Job Placement and Training Statement of Understanding. I agree that no financial maintenance will be provided until the Director of Higher Education has certified my application and I receive an award letter.

Signature of Applicant

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, the Comanche Nation Higher Education department will only discuss student information with the student applying for assistance.*

Signature of Applicant

Date

**COMANCHE NATION
JP&T CONSENT FOR RELEASE OF INFORMATION**

Only acceptable if notarized

FOR HIGHER EDUCATION OFFICE USE ONLY:	
TO: _____	DATE: _____

I HEREBY GIVE MY PERMISSION TO RELEASE INFORMATION TO:

**ATTN: COMANCHE NATION HIGHER EDUCATION
JOB PLACEMENT AND TRAINING PROGRAM
P.O. BOX 908
LAWTON, OK, 73502**

PRINT FULL NAME

DATE OF BIRTH

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

Subscribed and sworn to before me on this _____ day of _____ 20_____
My commission expires: _____
Notary Public

Certificate of Degree of Indian Blood (CDIB) Request Form

Dear STUDENT:

To complete your CDIB requirement, please fill out this form AND provide a copy of your CDIB card. Please fill out to the best of your knowledge, sign, and send form to:

**COMANCHE NATION
ENROLLMENT OFFICE
P.O. BOX 908
LAWTON, OK 73502**

OR

You may submit your form to our office and we will forward this form to the Office of Enrollment.

The Comanche Nation Office of Higher Education is requesting a CDIB for all students applying for scholarships.

The following information is herewith submitted:

NAME: _____ ROLL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SSN: _____

SPOUSE'S NAME: _____ ROLL: _____

FATHER'S NAME: _____ ROLL: _____

MOTHER'S NAME: _____ ROLL: _____

MOTHER'S MAIDEN NAME: _____

SIGNATURE: _____ DATE: _____

FOR ENROLLMENT OFFICE USE ONLY:

Please sign to verify the information provided is true and correct. Thank you.

SIGNATURE: _____ DATE: _____

Comanche Nation Job Placement and Training Program Individual Self-Sufficiency Plan (ISP)

Applicant Name: _____ SSN: _____

Please check one of the following:

<input type="checkbox"/> Adult Vocational Training-Long Term	<input type="checkbox"/> Direct Employment	<input type="checkbox"/> Short-Term Training
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Have you received previous assistance through Adult Education? 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. Childcare 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:** (i.e. 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 § 2203).

Signature of Applicant

Date

Signature of JP&T Specialist

Date

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

Applicant Name: _____ SSN: _____

Please check one of the following:

<input type="checkbox"/> Adult Vocational Training-Long Term	<input type="checkbox"/> Direct Employment	<input type="checkbox"/> Short-Term Training
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1. Targeted Career/Training Goals: _____

2. Reasons for Preparing IDP: _____

3. Strategies for success: _____

4. Remarks/Other (if applicable): _____

Service Needed <small>(Financial, tuition, books, supplies, etc.)</small>	Program Activity <small>(Work or school)</small>	Training Source <small>(name of employer/school)</small>	Estimated Cost	Date Started <small>(1st day of work or school)</small>	Date Completed <small>(Graduation date)</small>	Additional Remarks

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 Assistance Act (Public Law 93-638, 88 § 2203).

Signature of Applicant

Date

Signature of JP&T Specialist

Date