

# Comanche Nation Higher Education Job Placement & Training

## Long-Term Training Application (600 hours or more)

The Long-Term Training 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.



### Comanche Nation Higher Education

P.O. Box 908

Lawton, OK 73502

Office: 580.699.7218

Fax: 580.492.4017

Email: [highered@comanchenation.com](mailto:highered@comanchenation.com)



## Comanche Nation Higher Education Job Placement & Training Eligibility Requirements:

- Applicant must be an enrolled Comanche tribal member and have a Certified Degree of Indian Blood (CDIB) card.
- Must be at least 18 years old.
- For stipend payments, applicant **MUST** reside within **5-county BIA service area** (Comanche, Caddo, Cotton, Tillman, or Stephens counties.) All residents/schools outside of service area will be awarded tuition funding only.
- Has **not** received long-term vocational training from the JP&T program, BIA or other Comanche Nation Educational programs before.
- Must be looking for a skill, and is willing to enhance their opportunities for employment after completion of training/classes.
- Applicant cannot be receiving an income if applying for stipend payments.

### **ALL documents below are required before your application will be accepted:**

- Birth certificate (If you have dependents under 18, their birth certificates must also be provided.)
- Social Security Card
- CURRENT** photo ID
- CDIB card
- Address verification. Please provide a utility bill, lease agreement, or piece of mail that has a postmark. **(Address must match what is listed on the application.)**
- High school diploma, transcript, or GED certification.
- SIGNED and DATED** letter of intent stating why you want to participate in vocational school/training.
- Entry Exam results (if required by the institution.)
- FAFSA award letter. FAFSA must be completed by the student. Letter must show how much aid you are expected to receive.
- Letter of acceptance. Applicant must be accepted and enrolled at an institution.
- Notarized consent for release of information form (p.7) This form must be notarized and stamped by a Notary Public. Your application will not be accepted without it.
- CDIB Request Form (p. 8)
- 1A-ISP Form (p. 9)
- 2A-IDP Form (p. 10)

**PLEASE NOTE: ALL DOCUMENTS MUST BE COMPLETE AND TURNED IN WITH YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE HELD.**

**COMANCHE NATION HIGHER EDUCATION  
JOB PLACEMENT & TRAINING PROGRAM  
LONG-TERM TRAINING APPLICATION**

|                             |                           |
|-----------------------------|---------------------------|
| <b>STUDENT INFORMATION:</b> | <b>PLEASE PRINT</b>       |
| Name: _____                 | Tribal Roll Number: _____ |
| Address: _____<br>_____     | SSN: _____                |
| Email: _____                | Date of Birth: _____      |
|                             | Phone number: _____       |

|  |                     |  |                     |  |  |            |  |  |
|--|---------------------|--|---------------------|--|--|------------|--|--|
| <b>HOUSEHOLD INFORMATION:</b>  | <b>PLEASE PRINT</b> |  |                     |  |  |            |  |  |
| <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 AND dependents (those you will be supporting during training):   |                     |  |                     |  |  |            |  |  |
| <b>NAME</b>  |                     |  | <b>RELATIONSHIP</b> |  |  | <b>AGE</b> |  |  |
|  |                     |  |                     |  |  |            |  |  |
|  |                     |  |                     |  |  |            |  |  |
|  |                     |  |                     |  |  |            |  |  |
|  |                     |  |                     |  |  |            |  |  |
|  |                     |  |                     |  |  |            |  |  |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

|  |   |
|--|---|
| <b>FOR HIGHER EDUCATION OFFICE USE ONLY:</b>                 |   |
| <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          |

**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: (MALES ONLY)**

**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 HIGHER EDUCATION  
JOB PLACEMENT & TRAINING PROGRAM  
LONG-TERM APPLICATION QUESTIONNAIRE**

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL:**

**1. Why are you seeking assistance at this time?**

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**2. What type of assistance do you require?**

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

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**4. What is your goal after completing vocational training?**

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**5. Additional comments (if applicable):**

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**Signature of Applicant**

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**Date**

COMANCHE NATION HIGHER EDUCATION  
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 HIGHER EDUCATION  
JP&T CONSENT FOR RELEASE OF INFORMATION

**ONLY ACCEPTABLE WHEN NOTARIZED**

|  |             |
|--|-------------|
| <b>FOR HIGHER EDUCATION OFFICE USE ONLY:</b> |             |
| TO: _____                                    | DATE: _____ |
| _____  |             |
| _____  |             |

I GIVE MY PERMISSION TO RELEASE INFORMATION TO:

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

\_\_\_\_\_  
PRINT FULL NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

|   |        |
|---|--------|
| Subscribed and sworn to before me on this _____ day of _____ 20____ |        |
| My commission expires: _____  |        |
| _____<br>Notary Public  | [SEAL] |

# 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 |
|--|--|--|

Have you received previous assistance through Higher Education?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

IF yes, what type of assistance and when? \_\_\_\_\_

### Applicant Case Plan

1. What does the 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 the 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:**

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 (if applicable): \_\_\_\_\_  
\_\_\_\_\_

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