



# COYOTE VALLEY

*Band of Pomo Indians*

## BUREAU OF INDIAN AFFAIRS ADULT VOCATIONAL TRAINING GRANT

(For students attending a trade school, college or university program(s) for a vocational certificate or degree)

**In addition to completing the attached application, please submit the following:**

1. Letter in writing stating why you need the grant, and how it will be used;
2. Certification of Tribal Enrollment in the Coyote Valley Band of Pomo Indians
3. Copy of letter of admission from vocational technical school, **with** certification from school that you are enrolled as a **full-time student**;
4. Transcript from last school attended, or verification of G.E.D.;
5. Verification that **APPLICATION FOR FEDERAL STUDENT AID** has been completed.

**Provide this office with a copy of your Student Aid Report.**

If you do not complete this Application for Federal Student Aid, you are not eligible for this grant program. The Vocational/Technical School you will be attending **must** submit a Financial Needs Analysis to this office, showing the cost of schooling (tuition, books, fees, supplies), and what other financial aid you will be receiving (PELL grant, student loans, scholarships, etc.)

**EVERYTHING LISTED ABOVE MUST BE RETURNED TO OUR OFFICE IN A  
TIMELY MANNER FOR YOU TO BE ELIGIBLE FOR EACH SEMESTER OR  
BEGINNING OF AN APPROVED TRAINING COURSE**

**B.I.A. Adult Vocational Training Grant Application**

Name \_\_\_\_\_  
Last First Middle Initial Maiden

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Veteran: \_\_\_ Yes \_\_\_ No

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

No. of Dependents \_\_\_\_\_

Tribal Affiliation Coyote Valley Band of Pomo Indians

Education: Highest Grade Completed \_\_\_ Schools Attended & Date(s)  
\_\_\_\_\_  
\_\_\_\_\_

Type of training or employment you are interested in \_\_\_\_\_

Do you have any physical limitations that would interfere with your training or employment?  
Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

Training or employment location desired \_\_\_\_\_

For training: Course number and title \_\_\_\_\_  
School Name and Address \_\_\_\_\_

*I hereby certify that the above information on this form is true and correct to the best of my knowledge, and consent to the release of this information to the necessary agencies to complete my financial aid package. I will provide a copy of my official transcript to the Coyote Valley Education Department at the end of each academic semester.*

**Signature of Student** \_\_\_\_\_

**Date** \_\_\_\_\_

**B.I.A. /A.V.T.G.A. – FINANCIAL NEEDS ANALYSIS**

**PART A: IDENTIFICATION INFORMATION (To Be Completed By Student)**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_

Tribal Affiliation: Coyote Valley Band of Pomo Indians

**PART B: (TO BE COMPLETED BY FINANCIAL AID OFFICER)**

The above student has applied for a BIA Higher Education Grant. The student is required by federal rules to apply for college-based aid, Pell Grant, state grants and all other funding sources that are available. Verified financial need information is needed through your office before the Coyote Valley Tribe can take action on this application. Thank you for your assistance.

Academic Year: \_\_\_\_\_ to \_\_\_\_\_ which will start on (date) \_\_\_\_\_

This student is considered (check one) \_\_\_\_\_ Independent \_\_\_\_\_ Dependent

**PART C: Budget: (TO BE COMPLETED BY FINANCIAL AID OFFICER)**

**Aid / Resources**

Tuition/Fees \$ _____	Parent Contribution \$ _____	EOP(S) \$ _____
Room/Board \$ _____	Student Contribution \$ _____	VA Benefits \$ _____
Books/Supplies \$ _____	Pell Grant \$ _____	BOGS \$ _____
Transportation \$ _____	Work Study \$ _____	TANF \$ _____
Personal/childcare \$ _____	Stafford Loan \$ _____	Voc. Rehab \$ _____
Other \$ _____	Perkins Loan \$ _____	Social Sec. \$ _____
	Cal Grant A/B \$ _____	Scholarships \$ _____
<b>Total Expenses \$ _____</b>	SEOG \$ _____	Other \$ _____

**Total Resources \$ \_\_\_\_\_**  
**Financial Need \$ \_\_\_\_\_**

**AWARD RECOMMENDATION: \$ \_\_\_\_\_**

**I certify the above information to be in accordance with the established rules and regulations for determining financial needs and resources as required by existing Federal Manuals and the institution administering Federal and State Financial Aid Programs.**

Coyote Valley Education Department will need financial aid information listed in PART B before any action will be taken on my application. When all the necessary information is on file in your office, please complete and forward to:

**Coyote Valley Tribe, P.O. Box 39, Redwood Valley, CA, 95470  
ATTN: BIA Higher Education Scholarship Program**

**COLLEGE NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**Signature of Financial Aid Officer** \_\_\_\_\_

**Date** \_\_\_\_\_

---

I accept this Financial Aid Package as shown and give my permission for the Financial Aid Officer to release information to the Coyote Valley Tribal Education Department

I agree to comply with the following conditions:

1. I will notify both the Financial Aid Officer and the Coyote Valley Education Director if I withdraw from school at any time during the current academic year.
2. I will return my unused portion of my grant to the Coyote Valley TED upon withdrawal from school.
3. I will assure that an official transcript of my college records will be forwarded to the Coyote Valley TED at the end of each semester that I am in attendance. I understand that failure to do so may delay subsequent funding.
4. I will satisfactorily maintain a minimum of 12 units with a grade point average of not less than 2.0 for each semester for quarter. Failure to do so will be cause for probation and/or termination of a BIA grant.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

**REQUIREMENTS FOR DIRECT EMPLOYMENT SERVICES**

A JOB CONFIRMATION SIGNED BY YOUR EMPLOYER IS REQUIRED. It should be on company letterhead and should include the following information:

1. Name, address, and telephone number of employer.
2. Job Title
3. Beginning wage.
4. Effective date of employment
5. First payday.
6. First full payday.
7. Statement that the job is anticipated to be permanent.
8. In addition, please complete the following:
  - Preliminary Application
  - Application
  - Employment Assistance Financial Assessment
  - Coyote Valley Tribal Certification

**PRELIMINARY APPLICATION FOR EMPLOYMENT ASSISTANCE SERVICE**

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security # \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Education (Check One): H.S. Diploma \_\_\_\_\_ GED \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Have you attended any school since high school? \_\_\_\_\_ (yes or no)

If yes, explain

\_\_\_\_\_

Name and location of last school attended: \_\_\_\_\_

Type of Service Requested (Check One)

Adult Vocational Training \_\_\_\_\_ Direct Employment \_\_\_\_\_ OJT \_\_\_\_\_

School/'training program you wish to attend: \_\_\_\_\_

Type of training desired: \_\_\_\_\_

Have you received previous BIA Education Assistance?

Adult Vocational Training \_\_\_\_\_ Direct Employment \_\_\_\_\_ Higher Ed. Scholarship \_\_\_\_\_

If so, please name the Training Facility or Employer: \_\_\_\_\_

Year: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Agency that funded you: \_\_\_\_\_

\_\_\_\_\_

**Family Background**

Tribe: **Coyote Valley Band of Pomo Indians**

County/State of residence: \_\_\_\_\_

Mother: Give full maiden name: \_\_\_\_\_

Give full Married name: \_\_\_\_\_

Her date of birth: \_\_\_\_\_

If Indian, name of tribe \_\_\_\_\_

Father's name: \_\_\_\_\_

His date of birth: \_\_\_\_\_

If Indian, name of tribe \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE**

Applicant's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**INFORMATION RECORD**

Name (Last, First, MI )	Mailing Address:  Telephone # _____	Date of Birth
-------------------------	---	---------------

<b>Veteran</b> ____ Yes ____ No	<b>Marital Status</b> ____ Single ____ Married ____ Widowed ____ Divorced ____ Separated	<b>Number of Dependents</b> Dependents _____ Children in school _____
---------------------------------------	--	---

<b>Applying for</b> Vocational Training _____ Direct Employment _____ Other _____	<b>Request</b> Initial _____ Repeat 1 2 3	<b>In Case of Emergency please notify:</b> Name: _____ Address: _____ Phone: _____
--	---	---

**Education:**  
Highest Grade Completed: \_\_\_\_\_ Schools Attended and date(s) \_\_\_\_\_

Type of Training or Employment Services you are applying for: \_\_\_\_\_  
Do you have any physical limitations that would interfere with training/employment? Yes \_\_\_ No \_\_\_  
If yes please explain \_\_\_\_\_  
Have you had previous training? Yes \_\_\_\_ No \_\_\_\_  
If yes please explain \_\_\_\_\_  
Training or Employment Location Desired: \_\_\_\_\_  
Training Course No. and Title \_\_\_\_\_  
School and Address: \_\_\_\_\_  
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 and Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description and Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description and Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Description and Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_





**BIA EMPLOYMENT ASSISTANCE**  
**Financial Assessment**

- 1. Income from wages
    - a. Applicant’s total income per month ..... \$ \_\_\_\_\_
    - b. Spouse’s total income per month ..... \$ \_\_\_\_\_
  
  - 2. Income and/or other benefits (per month)
    - a. Social Security Income (SSI) per month ..... \$ \_\_\_\_\_  
     Are benefits available for training through SSI? Yes \_\_\_ No \_\_\_ \$ \_\_\_\_\_
    - b. AFDC, TANF, GA, Food Stamps, UIB, etc. .... \$ \_\_\_\_\_
    - c. Child support received for all children ..... \$ \_\_\_\_\_
    - d. Other income and benefits (i.e. dividends, per capita payments, etc.) \$ \_\_\_\_\_
    - e. Worker’s Compensation ..... \$ \_\_\_\_\_
  
  - 3. Applicant’s Assets
    - a. Cash, savings, and checking accounts: \$ \_\_\_\_\_
    - b. Do you own your home? \_\_\_\_\_ Value \$ \_\_\_\_\_
    - c. Do you own a vehicle(s)? \_\_\_\_\_ Value \$ \_\_\_\_\_
    - d. Do you own a boat? \_\_\_\_\_ Value \$ \_\_\_\_\_
    - e. Do you own any other valuable assets? Value \$ \_\_\_\_\_
  
  - 4. Expenses:
    - a. Monthly house payment ..... \$ \_\_\_\_\_
    - b. Monthly payment for rent ..... \$ \_\_\_\_\_
    - c. Monthly payment for Child Care/Babysitting ..... \$ \_\_\_\_\_
    - d. Monthly payments for vehicle ..... \$ \_\_\_\_\_
    - e. Monthly payments for a boat ..... \$ \_\_\_\_\_
    - f. Monthly payments for child support ..... \$ \_\_\_\_\_
    - g. Monthly payments on other loans (bank, credit cards, etc.) \$ \_\_\_\_\_
    - h. Medical/dental not covered by insurance or IHS \$ \_\_\_\_\_
- Totals \$ \_\_\_\_\_ \$ \_\_\_\_\_

Certification of Accuracy of Information Provided

**I certify the information that I have given is full and correct.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Spouse** *(if applicable)*

\_\_\_\_\_  
**Date**

**Personal Essay**

Please provide a handwritten statement in your own words explaining why you need this training, and the long term benefits you will receive from this training.

Lined area for handwritten response, consisting of multiple horizontal lines.

**Personal Essay, cont.**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**