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Associate of Applied Science in Practical Nursing/Issksiniip



Application Packet 2013-2014

<http://www.bfcc.edu>

Nursing Program Director

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The BCC Practical Nursing Program has a limited enrollment capacity. Ten new students are accepted in the fall semester each year. Student numbers are restricted due to the availability of clinical and lab space. Therefore, a competitive student selection process is necessary and program applicants are accepted based on the criteria found in this packet.

Please review the [current](#) BCC Practical Nursing Program Information Packet prior to completing the following application materials for placement in the BCC Practical Nursing Program.

The contents of the application packet are subject to change – it is the student’s responsibility to obtain the most **current** packet before applying for fall placement.

If you are not currently a student at Blackfeet Community College and need to complete a BCC Application for Admission, **DO NOT INCLUDE** the BCC Application for Admission with your BCC Practical Nursing Program Application. Admission to Blackfeet Community College is a separate process and should be completed prior to applying for placement in the BCC Practical Nursing Program.

Should the number of qualified applicants exceed available spaces, not all qualified applicants will be accepted. After all applications are reviewed and the initial list of qualified applicants is compiled, the most qualified individuals will be asked to participate in small group interviews as a final step in the **INITIAL** selection process for the Practical Nursing program.

Applicants will be evaluated on the following areas during the interview:

- Communication skills
- Problem solving/Critical Thinking
- Group Interaction
- Professional behavior

Students who are officially notified of **INITIAL** acceptance into the program, will be required to do the following as the **FINAL** step for acceptance into the program:

- Agree to a Universal background check,
- Provide proof they are free of active tuberculosis via a two-step process,
- Provide proof of current personal health insurance.

Any discrepancies on the background check will need documentation regarding circumstances and outcomes. **Discrepancies may result in students being denied access to patient/residents by clinical partners and could result in a failure of the program.**

It is recommended that you review your completed application for placement in the Practical Nursing program with your academic advisor prior to submitting it by the deadline listed below.

Applications are due before NOON on August 8, 2013.



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Applications received after this date will not be accepted. Incomplete applications will not be considered. Applications may be mailed or hand delivered to the BCC Admissions Department. Please mail early to allow maximum opportunity for delivery before the deadline.

Mail to: BCC Admissions Department
RE: Practical Nursing Program
504 SE Boundary Street
P.O. Box 819
Browning, Montana 59417

Students will be informed of their selection status via an official letter from the Nursing Program Director after (August 19, 2013).

Please do not call to ask about this status as this information cannot be given out over the phone.

If you have any questions, please call [406-338-5441] or email [jlindsay@bfcc.edu], and [cindy_doore@bfcc.edu], Nursing Program Director and Advisor, will be happy to help you.



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REQUIRED APPLICATION MATERIALS:

1. **Application Form:** Completed Practical Nursing application form and \$30.00 application fee receipt. Payment must be made at the Business Office. Required for all NEW students.
2. **Cover Letter/Essay:** This letter should introduce you to the selection committee, state your reasons for applying to the BCC Practical Nursing Program, and describe your long term professional plans. It is important to use a formal letter format and to use correct grammar and spelling. To Include any scholarship information with Isskiniip or any other funding source sought by the student.
3. **Proof of required Immunizations** and titers or a detailed plan to obtain required immunizations and titers that will be completed by the start of Fall Semester.
4. **Proof of enrollment in Federally Recognized Tribe** a certificate of blood attached.
5. **Transcripts and evaluation of transfer courses:** Include copies of transcripts from other colleges or universities that you have attended and are requesting to be considered for transfer of credit. If the official transcripts are on file with the BCC registrar. Request official transcripts early as this can take time. Official transcripts must be on file in the BCC registrar's office for transfer of credit to be considered. Should you have courses from prior degrees that you wish to be considered as substitution for any of the PN prerequisites, these courses must be evaluated and approved by the Nursing Program Director prior to application review.
6. **Completed GPA calculations form.** This is checked for accuracy.
7. Signed **Acknowledgement of Program Requirements and Personal Commitment** form.
8. **Work Experience Form:** Please document your work experience on the form in this packet. It should include all health care experience including both paid and voluntary. All health care experience is considered and is important in the selection process.
9. **References:** Include two references from health care professionals who are/were employers, clients, or volunteer coordinators. Please use the forms included in this packet. Give the form to the individual that you have asked to be a reference and have them put the completed form in a sealed envelope and sign their name across the sealed area. You should be submitting two separate sealed envelopes with signatures.
10. **Income verification,** copies of TANF, SNAP, etc., or copies of income tax transcripts.
11. **Supportive Services Verification,** see attached worksheet attached to this application packet.
12. **Please note** that all applications will be date stamped upon receipt. Contact information from application will be entered into the tracking system. It is the individual's responsibility to contact the Nursing department with changes in email, address or phone number.



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2013 PRACTICAL NURSING PROGRAM APPLICATION

Applications will only be accepted before (August 8, 2013 at 12pm MDST).

Application deadline is 12:00pm, Thursday, August 8, 2013

Please return your completed and signed application and all requested materials in a sealed envelope to the following address:

**BCC Admissions Department
RE: Practical Nursing Program
P.O. Box 819
Browning, Montana 59417**

Please carefully read the application and review it for completeness before signing.

AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL NOT BE PROCESSED.

Please Print Legibly

Last Name	First Name	Student ID Number
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Mailing Address	**Notification of acceptance/non-acceptance will be sent to this address**		
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City	State	Zip	Telephone Number & Email
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**PLEASE CAREFULLY READ THE FOLLOWING INFORMATION
INITIAL EACH ITEM, AND SIGN YOUR NAME**

- I understand that I must submit with this application
 - Cover Letter/Essay Initialed_____
 - Proof of completed Hepatitis B Series including antibody titer results. Initialed_____
 - Proof of Measles (Rubella), Mumps and Rubella immunity either by dates of two vaccinations after your first birthday, a physician diagnosis of disease history **or** laboratory verification of positive antibody titer, *(need only one of these methods of verification)*. Initialed_____
 - Proof of Chicken Pox (Varicella) immunity either by statement that verifies the date and age you had Chicken Pox, **or** the date you had the vaccination **or** laboratory verification of positive antibody titer, *(need only one of these methods of verification)*. Initialed_____
 - Proof of one dose of Tdap: Tetanus/pertussis (*whooping cough*) vaccination as an adult. Initialed_____
 - Most recent proof of income, attached print outs, or income tax transcript. Initialed_____

- I understand that I will be notified in writing whether or not I have received placement in the PN Program beginning Fall Semester. Students with a minimum GPA of 2.75 (on a 4.0 scale) who are not offered placement will *automatically* form the beginning of the wait list and will be offered a placement if, and only if, an opening occurs. The wait list is maintained only until the second week of Fall Semester. Initialed_____

- Students **who are not accepted may reapply** for placement into a following year program during the open application process. Initialed_____

- I understand that all placements in the Blackfeet Community College Nursing Program are dependent upon sufficient financial, faculty and clinical resources. Initialed_____

Please list college/universities you have attended:

Name of Institution	Dates of Attendance	Degrees earned (if applicable)



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- I have submitted transcripts from all colleges/universities listed above. If official copies of transcripts are on file in the BCC Admissions Department, photocopies are acceptable to include with this application. If you are a new transfer student, official transcripts must be sent to the Registrar with the Application for Admission and unofficial copies can be submitted with the nursing program application. Initialed_____
- I have evaluated my transcript(s) and academic standing and I am confident that I can complete or have completed, with a grade of "C" or higher, all of the required prerequisite courses for PN placement by the end of Spring Semester. My selective GPA in these courses (excluding Intro. to Nursing) is at least 2.75 (on 4.0 scale). Initialed_____
- I have included the completed selective GPA worksheet. My extracted GPA for these courses (excluding Intro. to Nursing) is at least 2.75 (on 4.0 scale). Initialed_____
- I have included my signed Acknowledgement of Program Requirements for Personal Effort and Commitment form. Initialed_____
- I have included my completed Work Experience form. Initialed_____
- I have included my two completed reference forms in sealed envelopes with the signatures across the seal. Initialed_____
- I understand that upon withdrawal from the program for any reason, I must apply for re-entry into the program. Re-entry is not guaranteed. Initialed_____
- I understand that my final admission to the program is contingent upon my completing a universal background check, providing documentation of a current two step TB skin test and proof of current personal health insurance. Initialed_____
- (*NEW Students, only*) I have signed the application below and included the \$30.00 non-refundable processing fee payment receipt. Initialed_____
- I have included a copy of my income (SNAP, TANF, etc., or income tax transcripts)
- I have retained a copy of this application for my records (*it is my responsibility to make my own copy*). Initialed_____

Student Signature _____

Date _____



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GPA CALCULATION SHEET

Please refer to the following sample, as a reference for completing the selective GPA calculation worksheet below that must be submitted with your application materials.

Course	Name	Grade	Points	Credits	Points x Credits
BIOH 201 NL	Human Anatomy & Physiology	B	3.0	4	3 x 4 = 12
WRIT 101 W	College Writing I	B	3.0	3	3 x 3 = 9
M 121 M	College Algebra	B	3.0	3	3 x 3 = 9
PSYX 100 A	Introduction to Psychology	A	4.0	4	4 x 4 = 16
TOTAL				14	46
GPA				46/14 =	3.29

Selective GPA Calculation Worksheet **Must Be Returned With Your Other Application Material**

Please fill in the information requested below and calculate your own GPA. If you are currently enrolled in pre-requisite courses listed below, simply indicate the semester you are taking the course and do not fill in a grade.

Instructions for calculating selective GPA:

1. Insert grade earned for classes taken.
2. Enter points based on grade as follows: A = 4; A- = 3.7; B+ = 3.3; B = 3; B- = 2.7; C+ = 2.3; C = 2.
Any grade below a C is unacceptable.
3. Multiply points by credits for each class and enter in last column.
4. Total number of credits completed (25).
5. Total last column.
6. Divide last column by total credits to find GPA.

Course	Name	Grade	Points	Credits	Points x Credits
BIOH201NL	Human Anatomy & Physiology I			4	
BIOH211NL	Human Anatomy & Physiology II			4	
CHMY121NL	Introduction To General Chemistry			4	
NUTR221N	Basic Human Nutrition			3	
M121 M*	College Algebra			3	
PSYX100 A	Introduction to Psychology			4	
WRIT101 W	College Writing I			3	
BLS	Blackfeet Studies			3	
TOTAL				28	
GPA					

(*) or M115, 152, 153 or 171

Student Signature

Date



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ACKNOWLEDGEMENT OF PROGRAM REQUIREMENTS FOR PERSONAL EFFORT AND COMMITMENT

Blackfeet Community College's Practical Nursing Program, as with most nursing programs, requires a substantial time commitment to fulfill the intensive requirements of the program in the classroom, nursing laboratory, and clinical settings. Student success in the nursing program is dependent upon a collaborative working partnership by students and faculty. The nursing program philosophy and faculty view learning as an interactive process with faculty facilitating your learning. We are truly committed to assisting you to succeed in the program.

However, learners must assume responsibility for their own learning and participate in shaping their own learning experiences. As part of your application to the program, please read the following and sign below.

Your signature is an acknowledgement of your understanding of the expectations of the program.

1. There is a ***minimal*** study expectation of two hours of study per week for each credit enrolled. NRS 130, Fundamentals of Nursing, which is offered in the first semester of the program, has 4 credits of theory and 3 credits of laboratory. Therefore, a minimal study expectation for this course would be 8 hours of study per week for the theory and another 6 hours for the lab. Most students spend more time than the ***minimal*** study expectation.
2. Although we hold an appreciation for your possible need to work to support yourself and/or a family, most students find it extremely difficult to work while attending classes for the Practical Nursing Program. Clinical practicums are scheduled when facilities have available space and **are subject to change**. Clinical hours will include evenings, weekends and night shifts. Clinical times are not listed in the course schedule on the BCC website. A schedule will be made available to students each semester.
3. Students are expected to attend all classes and clinicals. Missed clinical time may result in failure of courses and dismissal from the nursing program. ***Please do not make vacation plans that would affect attendance in class or clinical. Absences cannot be made up due to the fast pace of material presented in class and the limited availability of clinical experiences.***
4. In general and given the same amount of student effort, nursing students may not achieve the grades they have received in non-nursing courses. You will be learning a "new language", be exposed to in-depth, comprehensive nursing concepts and principles which may require more effort on your part to learn and understand. Though grades may have been the primary focus of previous courses, the focus in the nursing program is learning and comprehension of information needed to deliver safe and competent care to patients/residents.
5. You are expected to be prepared for class, lab, and clinical. This will include extensive reading, pre-clinical preparation, and other assignments prior to your attendance in class, lab or clinicals.
6. Most exams given in nursing courses are structured similarly to the nurse licensing exam. This means that most of the items on the exams are application, analysis, and synthesis type



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questions rather than simple knowledge and recall. These questions require a higher-order of thinking to answer correctly.

7. We provide you with learning strategies and test-taking strategies that will assist you in developing critical thinking skills necessary for success on the nursing course exams and the NCLEX PN licensure exam.
8. You will find the nursing program very different and much more difficult than your past educational experiences. The nursing program is designed this way to facilitate the quality of the program, prepare you to pass your licensing exam, and ensure you become a safe and competent nurse.

I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements and if I am accepted into Blackfeet Community College's Practical Nursing program, I agree to organize my time and personal affairs in order to meet the commitment necessary to succeed.

Printed Name of Applicant

Signature of Applicant

Date



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Please document all health care experience, including paid, volunteer work or job shadow experiences. All are important and considered in the application process.

General Work Experience

Name and address of facility	Job Title	Job Responsibility	Dates of employment and hours per week	Supervisor's name and current phone number

Medical Work Experience (Paid/Job Shadow or Voluntary)

Name and address of facility	Job Title	Job Responsibility	Dates of employment and hours per week	Supervisor's name and current phone number

Please use back of page if further space is needed.



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Reference Forms - Please Complete and Return in a Sealed Envelope

_____ is applying to the Blackfeet Community College Practical Nurse Program. BCC cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If confidentiality is waived, the reference response will not be shared with the candidate at any point.

I do waive my right to see this reference.

Applicant Signature _____ **Date** _____

If you wish to have a copy of your completed reference form, ask your reference to provide you with a copy. Copies will not be provided to applicants by BCC.

The need for nurses is continuing to grow. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into the program. It is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success in the nursing field. Your candid, honest responses to the questions we ask are important. We ask that you take the time to consider each response carefully.

The applicant will provide an envelope for your reply. Please **return it to the applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the seal of the envelope will disqualify the candidate.** The applicant will then submit the envelope with other application materials. We request your prompt attention as the applicant has a deadline to submit materials. Thank You.

Please provide the following information:

Date: _____

Name and Title of Reference: _____

Institution Name and Address: _____

Phone Number (we may contact you further): _____

In what capacity and duration have you known the applicant? _____



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Reference Forms - Please Complete and Return in a Sealed Envelope

Name of Applicant: _____

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities and capabilities. If you are unable to evaluate in some area, please check "N/A."

Applicant characteristics to be evaluated:	Outstanding	Above Average	Average	Below Average	Poor	N/A
	5	4	3	2	1	0
Interacts well with co-workers, employers, others						
Effectively communicates orally						
Has clear written communication						
Is an effective team member						
Responds positively to criticism						
Is appropriately assertive						
Exhibits ethical behavior consistently						
Is self-motivated						
Displays initiative and creativity						
Prioritizes tasks appropriately						
Analyzes and solves problems						
Requests assistance appropriately						
Accomplishes tasks in a timely manner						
Is present when expected . . . reliable						
Is an effective team leader						
Interacts respectfully with diverse individuals						
Dress and personal care are appropriate						
Language is professional						
Demonstrates kindness and compassion						
Able to laugh at him/herself						
Able to function with safety for self and others						
Exhibits qualities you would like to have in someone taking care of you						

Additional Information: Please feel free to add descriptions or give examples that will illustrate the above. Use back of the form or additional paper if needed.



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Reference Forms - Please Complete and Return in a Sealed Envelope

_____ is applying to the Blackfeet Community College Practical Nurse Program. BCC cannot require that applicants waive their right to see their references. However, applicants may do so voluntarily. If confidentiality is waived, the reference response will not be shared with the candidate at any point.

I do waive my right to see this reference.

Applicant Signature _____ **Date** _____

If you wish to have a copy of your completed reference form, ask your reference to provide you with a copy. Copies will not be provided to applicants by BCC.

The need for nurses is continuing to grow. However, due to the availability of clinical sites, we are limited in the number of students we are able to accept into the program. It is our responsibility to select students whose abilities, values, motives, and character give the greatest promise for success in the nursing field. Your candid, honest responses to the questions we ask are important. We ask that you take the time to consider each response carefully.

The applicant will provide an envelope for your reply. Please **return it to the applicant sealed and with your name written across the glued portion of the flap. Any evidence of tampering with the seal of the envelope will disqualify the candidate.** The applicant will then submit the envelope with other application materials. We request your prompt attention as the applicant has a deadline to submit materials. Thank You.

Please provide the following information:

Date: _____

Name and Title of Reference: _____

Institution Name and Address: _____

Phone Number (we may contact you further): _____

In what capacity and duration have you known the applicant? _____



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Reference Forms - Please Complete Both Pages and Return in a Sealed Envelope

Name of Applicant: _____

Please read the following and respond as honestly as possible. A single response will cause neither denial nor assurance of admission to a program. We are asking that you respond by comparing the applicant with others having similar backgrounds, responsibilities and capabilities. If you are unable to evaluate in some area, please check "N/A."

Applicant characteristics to be evaluated:	Outstanding	Above Average	Average	Below Average	Poor	N/A
	5	4	3	2	1	0
Interacts well with co-workers, employers, others						
Effectively communicates orally						
Has clear written communication						
Is an effective team member						
Responds positively to criticism						
Is appropriately assertive						
Exhibits ethical behavior consistently						
Is self-motivated						
Displays initiative and creativity						
Prioritizes tasks appropriately						
Analyzes and solves problems						
Requests assistance appropriately						
Accomplishes tasks in a timely manner						
Is present when expected . . . reliable						
Is an effective team leader						
Interacts respectfully with diverse individuals						
Dress and personal care are appropriate						
Language is professional						
Demonstrates kindness and compassion						
Able to laugh at him/herself						
Able to function with safety for self and others						
Exhibits qualities you would like to have in someone taking care of you						

Additional Information: Please feel free to add descriptions or give examples that will illustrate the above. Use additional paper if needed.



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EVALUATION RUBRIC FOR APPLICATIONS

BLACKFEET COMMUNITY COLLEGE

Practical Nurse Program Application Rubric for
Fall 2013 Admission BCC

PURPOSE: to create the opportunity for an objective method in which to evaluate applicants to the Practical Nurse Program at BCC.

DIRECTIONS: Before completing rubric, make sure checklist is complete, including:

1. All Immunizations are accounted for.
 2. GPA is accurate and verified against transcript
- Score application based on rubric, add or deduct points as appropriate.

Applicant Name: _____ Date of Review: _____

Reviewer: _____ Final Score: _____

Comments: _____

Category	Outstanding 4	Above Average 3	Average 2	Below Average 1	Unacceptable 0	Final Score
Application Letter/ Essay:	<input type="checkbox"/> Proper letter format <input type="checkbox"/> Addresses all essential components: 1. Introduce self 2. Why nursing 3. Long term plans <input type="checkbox"/> Potential contribution to community <input type="checkbox"/> No grammar or spelling errors	<input type="checkbox"/> Less than proper letter format <input type="checkbox"/> Addresses 2 of 3 components <input type="checkbox"/> 1-2 grammar or spelling errors	<input type="checkbox"/> Not a proper letter format <input type="checkbox"/> Addresses 1 of 3 components <input type="checkbox"/> 3-4 grammar or spelling errors	<input type="checkbox"/> Informally written note <input type="checkbox"/> Addresses none of the essential components <input type="checkbox"/> 5-6 grammar or spelling errors	<input type="checkbox"/> Proper letter format <input type="checkbox"/> Addresses all essential components: 4. Introduce self 5. Why nursing 6. Long term plans <input type="checkbox"/> Potential contribution to community <input type="checkbox"/> No grammar or spelling errors	
References:	<input type="checkbox"/> Two health care professionals Reference <input type="checkbox"/> Scores above 4 on 90% of items	<input type="checkbox"/> One Health Care (HC) professional ref, and one non-HC care professional ref <input type="checkbox"/> Scores average 3-4	<input type="checkbox"/> Two non-HC professional refs <input type="checkbox"/> Scores average 2-3	<input type="checkbox"/> One non-HC professional ref, one personal or non-professional ref <input type="checkbox"/> Scores average 1-2	<input type="checkbox"/> Two health care professionals Reference <input type="checkbox"/> Scores above 4 on 90% of items	



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Work Experience:	<input type="checkbox"/> Two health care professionals Reference <input type="checkbox"/> Scores above 4 on 90% of items	<input type="checkbox"/> One Health Care (HC) professional ref, and one non-HC care professional ref <input type="checkbox"/> Scores average 3-4	<input type="checkbox"/> Two non-HC professional refs <input type="checkbox"/> Scores average 2-3	<input type="checkbox"/> One non-HC professional ref, one personal or non-professional ref <input type="checkbox"/> Scores average 1-2	<input type="checkbox"/> Two health care professionals Reference <input type="checkbox"/> Scores above 4 on 90% of items	
Residency	<input type="checkbox"/> Member or descendant of a Federally recognized tribe	<input type="checkbox"/> Resident of Glacier County	<input type="checkbox"/> Out of District /County	<input type="checkbox"/> Resident of Montana County not already listed	<input type="checkbox"/> Out of Montana resident	
Grade Point Average in core courses: BIOH201NL BIOH211NL CHMY121NL NUTR221N M121 M* PSYX100 A WRIT101 W BLS	RANGE 3.5-4.0	Range 3.25-3.49	Range 3.0-3.24	Range 2.75-2.99	Record actual GPA for core courses in program.	



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PARTICIPATION CRITERIA: The Blackfeet Community College Issksiniip Project, funded by the US Department of Health and Human Services, will aid **low-income individuals** in gaining self-sufficiency through lucrative educational and internship opportunities intertwined with culturally appropriate training in high demand healthcare fields. To be considered for participation in the project, students must qualify for eligibility under the following guidelines:

- **Active tribal or non-tribal TANF participants and other individuals whose income does not exceed 200% of the federal poverty guidelines (*letter of TANF services received will be required*).**

Gross Monthly Income								
Family Size	25%	50%	75%	81%	100%	133%	175%	200%
1	\$233	\$465	\$698	\$754	\$931	\$1,238	\$1,629	\$1,862
2	\$315	\$630	\$946	\$1,021	\$1,261	\$1,677	\$2,206	\$2,522
3	\$398	\$795	\$1,193	\$1,289	\$1,591	\$2,116	\$2,784	\$3,182
4	\$480	\$960	\$1,441	\$1,556	\$1,921	\$2,555	\$3,361	\$3,842
5	\$563	\$1,125	\$1,688	\$1,823	\$2,251	\$2,994	\$3,939	\$4,502
6	\$645	\$1,290	\$1,936	\$2,090	\$2,581	\$3,433	\$4,516	\$5,162
7	\$728	\$1,455	\$2,183	\$2,358	\$2,911	\$3,871	\$5,094	\$5,822
8	\$810	\$1,620	\$2,431	\$2,625	\$3,241	\$4,310	\$5,671	\$6,482

- **Commitment to a career in a healthcare field.**
- **Commitment to participate in health professions internship projects.**
- **Commitment to complete certification/degree program in a timely manner.**
- **Commitment to provide healthcare services.**

The BCC Issksiniip Project will provide participants with services to ensure successful completion of their academic programs. **Services include, but are not limited to:**

- ✓ Academic Advising/Counseling
- ✓ Assessment Testing
- ✓ Mentoring
- ✓ Placement Services/Career Guidance
- ✓ Financial Assistance
- ✓ Support Services



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Blackfeet Community College Issksiniip Project Assessment for Needs of Supportive Services

A thorough assessment is required for the successful progress of each BCC Issksiniip Scholarship recipient. The assessment provides information as to basic skills and aptitude for attendance and completion of the training. It also offers indicators of how a participant is able to cope under stressful circumstances and plan to correct or resolve negative circumstances that have become obstacles to reaching goals.

The BCC Issksiniip Project will strive to provide service or *refer* the participant to a community resource that can assist in removing the identified barriers to progress in training. Finding solutions and identifying strategies to resolve and overcome these types of lifestyle issues as they remain focused on continuing training and education would be overwhelming without such support. The variety of services may require a variety of wrap around services. To coordinate service opportunities, Issksiniip will identify and develop a network of Federal, State and local partners working together in coordinating services to assist the participant.

Please provide the Issksiniip Project with information regarding any Federal or State funded agencies that you are/maybe receiving support from.

If you are not receiving any services but feel you may qualify, please mark *MAY QUALIFY* for more information or help enrolling in those programs.

- TANF- Temporary Assistance for Needy Families is designed to help needy families achieve self-sufficiency. State ___ or Tribal ___ YES ___ NO ___ MAY QUALIFY ___
Case Manager Contact Information: _____
- SNAP- Supplement Nutrition Assistance Program provides children and low-income people access to food. YES ___ NO ___ MAY QUALIFY ___
Case Manager Contact Information: _____
- WIC - Women, Infants and Children, WIC is a nutrition program that provides nutrition and health education. YES ___ NO ___ MAY QUALIFY ___
- GA- Government Assistance YES ___ NO ___ MAY QUALIFY ___
- LIEAP- Low Income Energy Assistance Program YES ___ NO ___ MAY QUALIFY ___
- WIA- One Stop Center Blackfeet Manpower YES ___ NO ___ MAY QUALIFY ___
Specify Program or Training _____
- Childcare- Childcare assistance is available to eligible families through State agencies that administer Federal Child Care and Development grants. YES ___ NO ___ MAY QUALIFY ___
- HUD - Housing and Urban Development. YES ___ NO ___ MAY QUALIFY ___
- Medicaid YES ___ NO ___ MAY QUALIFY ___
- Medical Assistance YES ___ NO ___ MAY QUALIFY ___

If YES is marked, provide verification stating any/all services received.