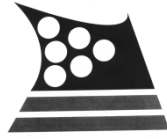


Blackfeet Community College



ISSKSINIIP PROJECT

Scholarship Application

CHECKLIST

- Complete Application Form
- Typed 500 Word Essay
- 2 Letters of Recommendation
- Income Verification Letter
- Transcripts
- Support Services Verification

***Must complete BCC admission requirements. Please see Helen Morris at
BCC Registrar's Office.**

**Applications must be submitted by May 11, 2012
for Summer 2012
And August 1, 2012 for Fall 2012 consideration.**

PARTICIPATION CRITERIA: The Issksiniip Project at Blackfeet Community College, 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*).**
- **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.**
- **Drug and Background checks**

The 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

Prospective students must **complete** the application to be considered for participation.

Incomplete applications will not be considered.

Please return completed application to:
Issksiniip Project Administrative Assistant
Blackfeet Community College
PO Box 819 ~ Browning, MT 59417
Red Fox Building
(406) 338-5411 ext. 2318

Issksiniip Project Scholarship Application

Name: _____ SSN: _____

Date of Birth: _____ Phone No.: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Current TANF Recipient: Yes ___ No ___ High School Graduate/GED: Yes ___ No ___

- *If yes, applicant must provide a letter from your TANF provider stating services received.*

Semester of enrollment: Fall 2012 ___ Spring 2013 ___ Summer 2013 ___

Area of Interest in Health Careers:

___ Certified Nursing Assistant: CNA

___ Allied Health

___ Emergency Medical Technician: EMT

___ Health & Physical Fitness

___ Community Health Representative: CHR

___ Human Services

___ Pre-Nursing

___ Behavioral Health Aid

- **Letter of Recommendation:** Applicants are also required to submit **two** letters of recommendation. Letters should include academic/career goals of the student and how the student will benefit from participation in the Issksiniip Project.
- **Income Verification Letter:** Applicants must also submit an income verification letter.
- **Support Services Verification:** Applicant must provide information regarding any Federal or State funded agencies that you are receiving support from.
 - Complete the **Assessment for Needs of Supportive Services** form-See attach
- **Essay:** Applicant must attach a **typed essay** defining your educational and career goals. Explain how the Issksiniip Project Scholarship will help you in achieving these goals. Essay should not exceed 500 words.
- **Educational Attainment:** Submit transcripts from all institutions attended, unofficial transcripts are acceptable.

Issksiniip Project Assessment for Needs of Supportive Services

A thorough assessment is required for the successful progress of each 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 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 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.

YES ___ NO ___ MAY QUALIFY ___

* State ___ or * Tribal ___ 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 applicant checked YES, you are required to provide letters of verification
stating any/all services received.**

Level	Name and Location (City/State)	Course of Study	Completed Degree
Last High School Attended			
College or University			
Graduate School			
Business or Vocational			
Other (Please Specify)			

Cumulative GPA: _____

Total Credits Earned: _____

Honors/ Awards Received: _____

By signing this form, you are stating that all information provided is accurate and up to date. Incomplete applications will not be considered for participation in the Issksiniip Project.

Signature

Date