ISSKSIINIIP 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.
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<th>Name and Location</th>
<th>Course of Study</th>
<th>Completed Degree</th>
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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