



Pueblo of Laguna Department of Education

PARTNERS FOR SUCCESS

P.O. Box 207 Laguna, NM 87026

Phone: (505) 552-9322

School Supply/Student Information

Please - Print in black ink and complete all information

Section I Applicant Information

What was the last year your child received school supplies _____

Full Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____ Male Female

Phone _____ Message Phone _____ Name/Relation _____

Email Address _____ Home Location _____

Village/Tribe _____ Parent/Guardian's Name (if under 18 years of age) _____

Referred by: (check one) Self/Walk -In High School Vocational Rehab Tribal Court Other _____

Section II Barriers/Offender Barriers/At Risk

Please check all of the items below that apply to you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Single head of household | <input type="checkbox"/> Unemployed | <input type="checkbox"/> BIA General Assistance |
| <input type="checkbox"/> Temp. housing/homeless | <input type="checkbox"/> Out of school/drop out | <input type="checkbox"/> TANF recipient (check one) |
| <input type="checkbox"/> Learning Disability (Spec. Ed) | <input type="checkbox"/> Unstable housing arrangements | <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Under- employed/low income | <input type="checkbox"/> Lack of significant work history |
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Pregnant/Parenting teen | <input type="checkbox"/> Offender in household |
| <input type="checkbox"/> Self <input type="checkbox"/> Family Member | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Gang member in household |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Intensive After Care program | <input type="checkbox"/> Gang involvement |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Parole/Probation | <input type="checkbox"/> Currently Incarcerated |
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Convicted of a crime | <input type="checkbox"/> Receiving SSI |
| <input type="checkbox"/> Adjudicated | <input type="checkbox"/> Previously Incarcerated | <input type="checkbox"/> Self <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Other _____ | | |

Applicant's Appeal Procedures

The Applicant has the right to appeal a denial of funding for cause according to appeal process stated in the appeal process below:

1. Upon receipt of a letter of denial from the E & T program, the applicant may appeal the decision in writing to the Director of PFS. The letter should state specific reason (s) he/she merits reconsideration for funding. Documents to substantiate the appeal should be included (e.g., medical report, transcripts, letters, etc.)
2. If the appeal response from the Director is unsatisfactory, the applicant may submit in writing to the Superintendent of the Laguna Department of Education. The letter should state specific reason(s) he/she merits reconsideration for funding. Supporting documentation should be included to substantiate the appeal.

Certification of Applicant: I certify that the information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification and that I may have to provide additional information. I authorize Partners to share this information with Partners For Success Partners (ie. Tribal Court, L-A High School, LA Connections, Employment & Training, PFS Higher Ed., Grants Cibola County Schools) for the purpose of assisting me in obtaining assistance, training, education or employment.

Parent/Guardian's Signature

Date

Required Documents for Partners for Success

In order to activate your PFS application for services and/or determine eligibility, please provide the additional documents as indicated below.

Provide the following documentation:

Verification of Indian Blood	<input type="checkbox"/> Tribal Enrollment Card <input type="checkbox"/> Certificate of Indian Blood (CIB)
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CERTIFICATION

I certify that the information contained on this application is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification. I have provided all documents that were requested to support this application. I am also aware that I am subject to be dismissed if I am found ineligible after enrollment. I allow the release of this information for verification purposes and I understand that it will be used to determine my eligibility. If accepted I agree to abide by all rules, regulations and procedures of the Pueblo of Laguna Partners for Success.

Applicant's Signature

Date