



Pueblo of Laguna Department of Education  
 PARTNERS FOR SUCCESS  
 P.O. Box 207 Laguna, NM 87026  
 Phone: (505) 552-9322

**Please check one:**

- College  GED  CDL  CNA  CPR/First Aid
- Job Placement  School Supply
- Youth Employment  Other \_\_\_\_\_

**Please - Print in black ink and complete all information**

**Section I Applicant Information**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ SSN# \_\_\_\_\_

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) \_\_\_\_\_

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

Military Service Man/Women  Yes  No If yes, Date of Service: \_\_\_\_\_

Veteran  Yes  No Branch: \_\_\_\_\_

Disabled Veteran  Yes  No Copy of DD 214 Submitted  Yes  No

Referred by: (check one)  Self/Walk -In  L-A High School  Vocational Rehab  Tribal Court  Other \_\_\_\_\_

**Section II Applicant Data**

Education completed: (Circle highest level completed)

High School	9	10	11	12	GED	What year completed? _____
College/University	1	2	3	4	4+	Degree _____
Vocational/Technical School	_____					Other Training (describe) _____

**Section III 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 ( <b>check one</b> )  |
| <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 _____                                 |  |   |

**Section IV Work History**

Labor Force Status: *Please check your status and complete the information below*

Are you currently employed?     Yes    No

Are you currently receiving unemployment benefits?                       Yes    No

Number of weeks on unemployment: \_\_\_\_\_

Complete the information below for the last two jobs you have held. Start with the most recent position. Include Military and Volunteer work.

Job Title \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly wage \_\_\_\_\_ Hours/Week \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Hourly wage \_\_\_\_\_ Hours/Week \_\_\_\_\_

**Section V Employment, Training, Education and Related Activities**

Program Activities:

Skills Training (vocational, license)

Mentoring

Community Service

College

Subsidized work experience/Internships

Basic Remedial Education ( tutoring)

Unsubsidized work experience

Adult Basic Education Classes

Job preparation class/career coach/job search

**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.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 **ONE** item from each of the following categories:

Identification: Age	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> School/State ID <input type="checkbox"/> Tribal ID
Proof of Residence	<input type="checkbox"/> Utility Bill <input type="checkbox"/> Voter Registration <input type="checkbox"/> Postmarked Mail
Verification of Indian Blood	<input type="checkbox"/> Tribal Enrollment Card <input type="checkbox"/> Certificate of Indian Blood (CIB)
Selective Service Registration	<input type="checkbox"/> Selective Services Card or Number (males 18-25)
Social Security	<input type="checkbox"/> Social Security Card

### 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

\_\_\_\_\_

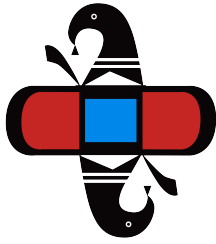
Date

\_\_\_\_\_

Partners for Success Staff Signature

\_\_\_\_\_

Date



Pueblo of Laguna Department of Education

Partners for Success

P.O. BOX 207 Laguna, NM 87026

Office: (505) 552-9322

# Employment & Training Education Program

## Personal Statement for Services

A personal statement will reflect your attitude, commitment to completing a program, and your short and long-term goals. All statements must be typed. Here are some subjects you should cover in your personal statement:

- Education Goals: What type of degree or certificate do you plan to earn?
- Employment Goals: What type of work will you seek upon completion?
- Describe your personal commitment or desire to complete a program.
- Any personal achievements that you would like to note.
- Previous education.

Remember, this statement is simply a short, three-paragraph document that allows Partners for Success to understand your commitment towards completing the training in which you are interested. It should explain exactly why you are requesting services from Partners for Success.

If you need assistance, please call 552-9322

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

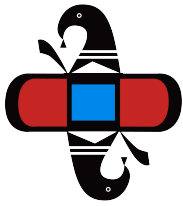
## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Pueblo of Laguna Department of Education  
Partners for Success  
**Media Release**

I, \_\_\_\_\_ (print your name), do hereby grant permission to the Laguna Department of Education-Partners for Success to Photograph, Video Record, Audio Record me and use the images, my name and sounds obtained for print, radio, electronic media, websites or video broadcasts anywhere throughout the United States and to edit such media for the sole purpose of promoting Partners for Success.

I hereby attest that I have read and agree to the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If you are under the age of 18 years of age, the signature of Parent/Guardian is also required:

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date