



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 _____                                 |  |   |

Continue on back ➡

#### 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.

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Applicant's Signature

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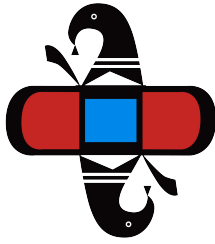
Date

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Partners for Success Staff Signature

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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

Give Form to the  
requester. Do not  
send to the IRS.

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

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<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.

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

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

## 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>

## 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).

## Purpose of Form

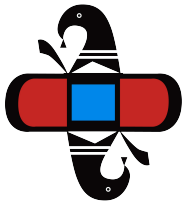
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



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