



Pueblo of Laguna Department of Education  
 PARTNERS FOR SUCCESS  
 P.O. Box 207 Laguna, NM 87026  
 Phone: (505) 552-9322 Fax: (505) 552-0623

## 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 \_\_\_\_\_ 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) \_\_\_\_\_

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 ( <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 _____                                 |  |   |

### 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:

- 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.)
- 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 **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)
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