

**Summer Youth
Application
Deadline**

Open: March 1, 2023
Closed: May 1, 2023



**Summer Youth
Employment Dates**

JUNE 22ND to
AUGUST 9TH

ONE SESSION ONLY!!!

**2023 SUMMER YOUTH PROGRAM
YOUTH AGES: 14 – 24**

PLEASE ATTACH THE FOLLOWING BEFORE YOU BRING APPLICATION INTO OUR OFFICE:

- All Income Verifications for the last 6 months
- Abstract or Degree of Indian Blood
- Social Security Card
- Valid Drivers License
- High School Diploma or GED Certificate
- MALES 18 & OVER – Selective Service Card

If you are a current COLLEGE STUDENT or planning to attend college this fall, please provide a copy of your acceptance letter and a financial aid analysis.

- *Must be 14yrs old on or before the application deadline.**
- *Please be sure to sign all required areas.**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
****NO EXCEPTIONS****

Collaborated with SNETP

Pete's Coaching and Consulting
Unlock your potential from within!

Youth Self-development COURSE

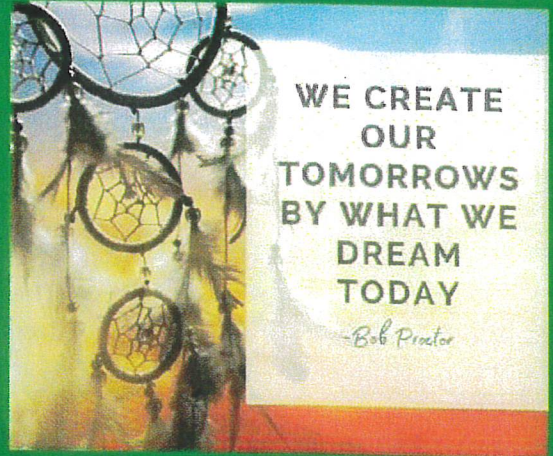


For the summer youth workers who qualified for the summer youth work program.

- In person learning
- Goal setting
- Self-image building
- Self-confidence
- self-leadership
- Trampling the terror barrier
- The magic word "ATTITUDE"
- life skills as in credit score and portfolios

Duration of Course

8-6 hours sessions every Monday.
The sessions will have a cash incentive of \$100 for perfect attendance



 Peter.J.Cummings@hotmail.com

 605 377 4745; 605 747 2393

For any inquiries, call or email.

Sicangu Nation Employment & Training Program Summer Youth Application

P.O. Box 909 Rosebud, SD 57570

Phone: 747-2393 Fax: 747-5177

Please choose your T-Shirt Size:

- Small Large
 X-Large XX-Large
 XXX-Large

Apply for Pete's Critical Thinking

- Yes No

Section 1 Personal Information

Name: _____ Social Security Number: _____
 Other Names Used (Alias or Maiden): _____ Phone Number: Msg./Home _____
 Address: _____ Cellular Phone Number: _____
 City: _____ State: _____ Zip: _____ Date of Birth: _____ Age: _____ M or F
 Tribal Affiliation: _____ Tribal ID #: _____ Job Interest #1: _____
 Family Status: One Parent Family Two Parent Family Community: _____
 Directions To Residence: _____ Total Number in Household: _____ Dependents: _____

Please List All Family Members, Ages, and Relationship to You, Living in Your Household:

	NAME	AGE	RELATIONSHIP
1.	_____	_____	SELF
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Please Answer The Following Questions:

- | | |
|---|--|
| 1. Do you have reliable transportation? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a valid South Dakota Driver's License? | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to submit to a drug test and background check? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you a citizen of the United States? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you required to register for Selective Service? | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever been convicted of a felony? | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you have limited proficiency in the English language? | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you move to your current address within the last 30 days? | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you sought work within the last 28 days? | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are you pregnant (Due date: _____) or a parenting teen? | 10. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you currently living with your parents? | 11. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you currently homeless or a runaway? | 12. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you a veteran? (Please provide DD-214) | 13. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. What Type of Discharge? | a. <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other |
| 14. If 18 or older, are you registered to vote? | 14. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If not registered, will you be willing to register? | a. <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 2 Child Care

1. Indicate number of your children who may need child care assistance, due to employment. 1. _____
2. Do any of your children have special needs?
If YES, please explain: _____ 2. Yes No

Section 3 Medical Care

1. Do you have any type of medical problems?
If YES, please explain: _____ 1. Yes No
2. Describe any current or former problems with substance abuse and/or alcohol:

3. Are you handicapped?
If YES, please explain: _____ 3. Yes No

Section 4 Skills and Education

1. What job/life skills do you have?

EVALUATE YOUR SKILL DEVELOPMENT

	HIGH	AVERAGE	LOW
a. _____	/ /	/ /	/ /
b. _____	/ /	/ /	/ /
c. _____	/ /	/ /	/ /
d. _____	/ /	/ /	/ /

2. Do you have a High School Diploma? 2. Yes No
3. If NO, do you have a GED? 3. Yes No
4. If NO, are you working towards your GED? 4. Yes No
5. Did you drop out of High School? 5. Yes No
 - a. When? a. Month _____ Year _____
6. What is the highest grade you completed? 6. _____
7. Do you plan to return to school this fall? 7. Yes No
8. Are you required to attend summer school? 8. Yes No
 - a. _____ a. _____
9. What school do you plan on attending this fall? 9. _____
10. Do you have any type of occupational training/college? 10. Yes No

Name of Institution: _____

Address: _____

Dates Attended FROM: _____ / _____ / _____ TO: _____ / _____ / _____

Major: _____

Minor: _____

Please check one: DEGREE CERTIFICATION NOT COMPLETED

Section 5 Work History / Experience

Have you ever been on the SNETP Summer Youth Program? Yes No

PREVIOUS EMPLOYMENT

Worksite: _____ Job Title: _____
 Phone #: _____ Hourly Wage: _____
 City/Town: _____ Hours Per Week: _____
 Dates Worked FROM: ____/____/____ TO: ____/____/____ Circle which session you participated in: 1st 2nd
 Job Duties: _____

Section 6 Family Income

- Circle any of the following that you or your family are receiving: TANF GA TWEP UNEMPLOYMENT SSI WAGES SOCIAL SECURITY STIPEND FOOD STAMPS CHILD SUPPORT
- Below, list all family members that have received any type of income during the last six (6) months. Include: Gross Wages (Past SNETP wages also included), Salaries (before deductions), Net Self-Employment Income (gross receipts minus operating expenses), and Other income received from sources such as: Interest, Net Rents, OASI (Old Age Survivors Insurance), Social Security Benefits, Retirement, Pensions, Alimony, and periodic income from Insurance Policy Annuities, and Other Sources of Income.

*****PLEASE COMPLETE THIS SECTION IN ITS ENTIRETY. THIS WILL GIVE US A CLEAR UNDERSTANDING OF YOUR ACTUAL LAST 6 MONTHS OF INCOME.**

Name	Relationship to Applicant	Source	6 th month	5 th month	4 th month	3 rd month	2 nd month	1 st month	Total Received

Section 7 Applicant's 52 Week Pre-Program Income

In this section, do not include any wages you received as a Work Experience or On-The-Job-Training participant. Include the total of all other wages/salaries you received before deductions.

How much did you earn during the last 12 months in:

Wages/Salaries: _____
 Net Self-Employment Income: _____
 Armed Forces Pay/Allowance: _____

Section 8 Certification

I certify that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and I understand that it will be used to determine my eligibility.

Name of Applicant: _____ Date: _____

Parent Signature: _____ Date: _____

SNE&TP Intake: _____ Date: _____



SICANGU NATION
Employment & Training Program
Box 909
Rosebud, South Dakota 57570
(605) 747-2393

AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

I hereby authorize the _____ to supply information requested by the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM** concerning me or my household and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my household by any duly authorized representative of the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM**.

Information that is being requested: _____

I further authorize the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM** to release such information to providers or cooperating state and/or federal agencies.

I herewith release any person, agency, or institution from any and all liability to me or my household supplying such information.

This authorization is given only in connection with its use by the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM** in its administration of its program services and/or components and for no other purpose. It shall continue in effect until such time I am no longer a participant/client of the **SICANGU NATION EMPLOYMENT & TRAINING PROGRAM**.

SIGNATURE OF CLIENT DATE

DOB: _____
MM/DD/YEAR

SIGNATURE OF PARENT DATE

SSN: _____

ADDRESS

CITY STATE ZIP

Sicangu Nation Employment & Training Program
Summer Youth Schedule
2023

Opening Date: March 1, 2023
Closing Date: May 31, 2023
Start Date: June 22, 2023
End Date: August 9, 2023
Youth Recognition August 18, 2023

THERE WILL BE ONLY ONE SESSION

Pay Period	Begin	End	Pay Date
2023-14	06/22/23	07/05/23	07/12/23
2023-15	07/06/23	07/26/23	07/26/23
2023-16	07/28/23	08/02/23	08/09/23
2023-17A	08/03/23	08/09/23	08/18/23

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NO EXCEPTIONS!!

Rosebud Worksites: You will be expected to turn your timesheets in at the SNETP Office on the last day of the pay period.

Unless you punch in & out on WorkForceGo.

This schedule is subject to change by the SNET Director or council action.