NOTE: This checklist must be submitted along with the application to complete your file.  
Incomplete application will not be reviewed or processed until fully completed.

CHECKLIST:

{ } APPLICATION

{ } SOCIAL SECURITY CARD

{ } PHOTO ID

{ } TRIBAL ID OR CIB- CERTIFICATE OF INDIAN BLOOD

{ } SELECTIVE SERVICE (MALE ONLY)

ACKNOWLEDGEMENT

I CERTIFY THAT ALL REQUIRED INFORMATION IS HEREWITH ENCLOSED AND COMPLETED. I UNDERSTAND THAT ALL INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

___________________________________________________   ___________________
APPLICANT'S SIGNATURE       DATE

___________________________________________________   ___________________
PARENT SIGNATURE, IF UNDER 18      DATE

OFFICE USE ONLY

I CERTIFY THAT THE CHECKLIST AND APPLICATION ARE:
{ } COMPLETE       { } INCOMPLETE

_______________________________________________   __________________
INTAKER         DATE
LBHC Receptionist
LITTLE BIG HORN COLLEGE
Workforce Innovation and Opportunity Act
SUMMER YOUTH PROGRAM

Student:
Full Legal Name: ________________________________________________________________

Address: _____________________________________________________________________

Telephone Number: ___________________________ Age: ___________ D.O.B ______________________

Gender: ___ Male ___ Female ___ Prefer not to answer

Students email address: _____________________________________________________________________

Tribal Affiliation: _____________________________________________________________ District: _________________

Indian Name: __________________________________________________________________________ (If available)

Maternal Clan: ___________________________________________________________________ Paternal Clan (child of): ___________________________________________________________________

Previous WIOA Participant _____ Yes _____ No  Adult T-Shirt Size: ___________ Shoe Size__________

Parent(s)/Guardian(s) Name ______________________________________________________________________

Contact Number _____________________________ Email: ____________________________

Current Grade Level for Academic Year 2023-2024: All participants must be a student enrolled in school.

___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___ College ___ 1st Year ___ 2nd Year

Undergraduate 1st Year_______ 2nd Year_______ Graduate Student___________

Name of Your School: ______________________________________________________________________________

All applicants and parental/guardians must read the following statement and sign below:
If selected, I/We understand and fully commit to the LBHC Summer Youth program and will participate in all activities - abide by the guidelines and policies set forth by the program and LBHC. Complete WIOA intake form and submit required documents for reporting purposes.

Media Release Form: I understand that my child’s image may be captured on video and/or photographed during events, activities, either by the sponsor or by media organizations associated with LBHC WIOA & LBHC Extension Program. Media in attendance at the events. I understand that all images or statements recorded, videoed or photographed will be reserved by sponsors, for records and for future promotional purposes.

APPLICATIONS DUE: 4/15/2024

Student Signature: _____________________________________________

Parent Signature: _____________________________________________ Date: ________________________

Teanna Braine, WIOA Youth Coordinator
brainet@lbhc.edu
Ex:(406) 638-3121

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