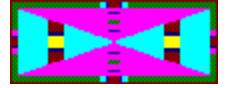


Little Big Horn College  
 Workforce Innovation and Opportunity Act  
 8645 South Weaver Drive  
 Crow Agency, MT 59022  
 Ex: (406) 638-3121 Fax: (406) 638-3165  
 Email: [brainet@lbhc.edu](mailto:brainet@lbhc.edu)



**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**

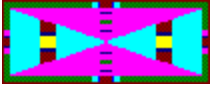
**I CERTIFY THAT THE CHECKLIST AND APPLICATION ARE:**

COMPLETE

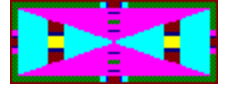
INCOMPLETE

\_\_\_\_\_  
 INTAKER  
 LBHC Receptionist

\_\_\_\_\_  
 DATE



**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.*

8<sup>TH</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> College  1<sup>st</sup> Year  2<sup>nd</sup> Year

Undergraduate 1<sup>st</sup> Year \_\_\_\_\_ 2<sup>nd</sup> 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