



YSLETA DEL SUR PUEBLO
NATIVE PATHWAYS
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

Main Office: 9180 Socorro Rd. • El Paso • TX 79907 • Phone: (915) 859-8151 / Fax: (915) 242-0077
Satellite Office: 3652 Bluemel Rd. • San Antonio • TX 78229 • Phone: (210) 582-1560

TRAINING TUITION ASSISTANCE

DEADLINE

CERTIFICATIONS / TECHNICAL / VOCATIONAL
30 Days Prior To Start Date / Payment Due Date

All participants inquiring about assistance must consult with Native Pathways Staff prior to enrollment. Applications submitted past the indicated deadlines will be considered only upon the availability of funding. Late applications may cause a delay in payment to the institution resulting in dropped classes, emergency loans, and/or out of pocket expenses. Payments will be made directly to the institution.

REQUIREMENTS				
#	Documents	Description	Pending	Submitted
INITIAL TERM ONLY				
1	Career & Training Plan	Career and Training Assessment to be completed prior to appointment and reviewed with Native Pathways Staff.		
IF APPLICABLE				
2	Personal Statement Letter	Statement detailing why you have considered the training program in which you are applying for.		
3	Letter Of Acceptance	Letter from institution stating your acceptance and eligibility to enroll after consulting with Native Pathways.		
4	Signed Degree Plan	Current degree plan signed by Advisor or Counselor, outlining the course of study necessary for graduation.		
5	Student Aid Report (SAR)	Official summarization from the Department of Education after having applied for Federal Student Aid (FAFSA).		
6	Financial Needs Analysis	Form filled out by the Financial Aid Officer at institution to determine student's financial need for term.		
PER TERM				
7	Highest Level Of Education	Latest Transcript / GED / Diploma		
8	Class Schedule	Statement reflecting Classes / Semesters / Credit Hours / Agenda / Syllabus / Course Hours		
9	Fee Statement	Itemized Invoice (Including Equipment & Books) / Fee Assessment / Balance Of Current Charges		

OFFICE USE ONLY

Student Name		Term / Year	
Intake Officer		Intake Processing Date	
Start Date		Est. End Date	
Total Award			
Institution		Program/Certification/Course	
Total Hours		Total Tuition Cost	
Total Duration		Total Financial Aid	
Total Terms		Current Award	
Current GPA		Remaining Funding	
Current College Standing		Stipend	
5+ Years Of Operation		Accredited Institution	
		Obtained W-9	

CAREER & TRAINING PLAN

Last Name	First Name	Tribal Enrollment #	Student ID #	Main Phone #	E-Mail Address

SELF-KNOWLEDGE & CAREER ASSESSMENTS MUST BE COMPLETED PRIOR TO AN INTAKE APPOINTMENT.

O-NET SELF INTEREST PROFILER: [HTTPS://WWW.MYNEXTMOVE.ORG/EXPLORE/IP](https://www.mynextmove.org/explore/ip)

What did you learn from your results?

What career would you like to pursue? (For assistance, visit CareerOneStop: [HTTPS://CAREERONESTOP.ORG/EXPLORE-CAREERS/EXPLORE-CAREERS.ASPX](https://careeronestop.org/explore-careers/explore-careers.aspx))

What type of training(s) will help you obtain this career?

- | | | |
|---|---|--|
| <input type="checkbox"/> Certification | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Soft Skills Training |
| <input type="checkbox"/> License | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Online Training |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Technical / Vocational Degree |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Doctoral Degree | <input type="checkbox"/> Other |

Where might you find positions available for this career and are you willing to relocate?

What companies are you interested in pursuing for future employment?

1)

2)

3)

Please rate yourself below on a scale from 1 - 5 with 1 being the lowest and 5 being the highest.

Math					Reading					Writing				
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Computer Fundamentals					Typing					Internet				
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Microsoft Office Word					Microsoft Office Excel					Microsoft Office PowerPoint				
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

List any personal training preferences, institution requirements, values, or limitations? (Ex. Online, In-Person, Hands-On, Night / Weekend Courses)

1)

4)

7)

2)

5)

8)

3)

6)

9)

What training institutions have you considered? (For assistance, visit State Training Inventory: [HTTPS://LMCI.STATE.TX.US/APPS/STI/INDEX.ASP](https://lmci.state.tx.us/apps/sti/index.asp))

1)

2)

3)

CAREER & TRAINING PLAN

What training institution and program have you chosen to pursue?				Training Breakdown	
Institution		Online Training <input type="checkbox"/>		<i>Native Pathways provides Financial Assistance to individuals seeking to gain skills and knowledge to obtain and/or retain employment. Participants must apply for all Federal Financial Aid when applicable, and must be mindful of application and enrollment deadlines. Financial Assistance may be awarded between \$0 - \$10,000, and is based on the Financial Need, evaluated on a case by case basis. The amount of assistance that a participant receives will be subject to the availability of funds, and payments will be made directly to the institution.</i>	
Address		City			
State		Zip			
		Phone #			
Program / Certification / Course / Degree					
				Estimated Tuition Cost	
				Estimated Financial Aid	
Estimated Start Date		Estimated End Date		Estimated Native Pathways Assistance	
				Estimated Balance	
Total Course Hours		Total Course Duration		Total Course Terms	
				Estimated Student Loans	

Please indicate the reason why you selected this training institution and program:

What is something you hope to learn from this training that will apply to your career or help you accomplish your career goals?

What motivates you to successfully complete this training?

What is the average yearly salary you can expect to earn once you have completed this training course?

Is the income suitable for the future lifestyle you plan to live?

☐ Yes ☐ No

Is the training cost worthwhile?

☐ Yes ☐ No

Are there any obstacles you feel may prevent you from completing this training on time? (Please Explain)

(Ex. Reliable Childcare, Legal Issues, Employment Issues, Living Conditions, Transportation, Access To Computer Equipment / Internet)

APPLICATION AUTHORIZATION

I agree to attend the institution listed above and work towards completing the Training. If I withdraw from any course, I agree to notify the Native Pathways program immediately and refund any money that has been awarded to me. I understand that I must apply for Financial Aid if applicable. Furthermore, I understand that it is important to meet all program deadlines in order to be considered for Financial Assistance. I understand I can request the policies from the Native Pathways Staff or can access them online via www.ysletadelsurpueblo.org. I agree to make full restitution if I am unable to complete the training. I agree to submit a copy of my training completion, once received, to Native Pathways.

	Signature	Processed Date		Signature	Processed Date
Student Name			Intake Officer		



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FINANCIAL NEEDS ANALYSIS

Date			Tribal Enrollment #	Student Identification #		Birth Date		
MM	DD	YYYY				MM	DD	YYYY
Last Name			First Name	Middle Name / Suffix		E-Mail Address		
Address			City	State	Zip	County		
Main Phone #		Alternate Phone #		Marital Status				
				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law				
Excluding your spouse, please enter the amount of dependents who's age fall between the following age groups during this school term:								
0 - 5 Years:				6 - 12 Years:				13+ Years:
Select your college standing at the time this assistance is to be used:				Indicate your place of residence during the time of this assistance:				
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> N / A				<input type="checkbox"/> On Campus <input type="checkbox"/> With Parents <input type="checkbox"/> Off Campus <input type="checkbox"/> Other				
Enter the term / year applying for:				Select your enrollment status and indicate your current GPA:				
20		Fall Semester		20		Summer 1		Current GPA: _____
20		Spring Semester		20		Summer 2		
Institution			Degree			Major		
Student Authorization								
I hereby give permission to the Financial Aid Office to release any information on my Financial Aid and Academic Status to the Ysleta Del Sur Pueblo Native Pathways Program.				Signature		Processed Date		
				Student Name				
TO BE COMPLETED BY FINANCIAL AID OFFICER AT THE INSTITUTION. PLEASE RETURN COMPLETED FORM TO PROGRAM ADDRESS ABOVE.								
Institution			Main Phone #		E-Mail Address			
Address			City	State	Zip	County		
Expenses								
Tuition / Fees		Transportation		Out Of State				
Room / Board		Personal		Dependent Allowance				
Books / Supplies		Graduate		Total Expenses: _____				
Resources								
Personal		Stafford Student Loan		CWS				
Parent Contribution		Pell Grant		Perkins				
Spouse Contribution		SEOG		Other				
Veterans Benefits		SSIG		Total Resources: _____				
Financial Aid								
Student need recommended to the YDSP Native Pathways Program: (Expenses minus Resources)						Total Amount: _____		
<input type="checkbox"/> Student suspended from campus based aid due to failure to maintain satisfactory progress.			This student is considered: <input type="checkbox"/> Independent <input type="checkbox"/> Dependent			Financial Aid requested will cover expense for the period:		
Cumulative GPA: _____		Pell Grant Index: _____				Start Date		End Date
I certify that the above individual has applied for and has been considered for both federal and campus based aid.				Financial Aid Advisor		Signature		Processed Date