



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

Student Name		Term / Year		
#	Documents	Description	Pending	Submitted
IF APPLICABLE				
1	Student Aid Report (SAR)	Official summarization from the Department of Education after having applied for Federal Student Aid (FAFSA).		
2	Financial Needs Analysis	Form filled out by the Financial Aid Officer at institution to determine student's financial need for term.		
3	Signed Degree Plan	Current degree plan signed by Advisor or Counselor, outlining the course of study necessary for graduation.		
PER TERM				
4	Highest Level Of Education	Latest Transcript / GED / Diploma		
5	Class Schedule	Statement reflecting Classes / Semesters / Credit Hours / Agenda / Syllabus / Course Hours		
6	Fee Statement	Itemized Invoice (Including Equipment & Books) / Fee Assessment / Balance Of Current Charges		
APPLICANT AGREEMENT				
<i>I agree to attend the institution listed 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.ysletadelсурpueblo.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.</i>				
Student Signature		Processed Date		

OFFICE USE ONLY

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	



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

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:								
<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								
Indicate your place of residence during the time of this assistance:								
<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:								
20 _____ Fall Semester 20 _____ Summer 1 20 _____ Spring Semester 20 _____ Summer 2								
Select your enrollment status and indicate your current GPA:								
<input type="checkbox"/> Full-Time (12+ Credit Hours) <input type="checkbox"/> Part-Time (11- Credit Hours) Current GPA: _____								
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 _____	