

APPLICATION PACKET
For the 2006-2007 Academic Year



Lewis-Clark State College
A.I.S.L.E. Teacher Project
500th 8th Avenue
Lewiston, Idaho 83501-2698

Phone: (208) 792-2743 or 2744

Fax: (208) 792-2728

imguzman@lcsc.edu or tswite-temple@lcsc.edu

Lewis-Clark State College A.I.S.L.E. Teacher Project

The A.I.S.L.E. Teacher Project is an Indian Education Professional Development Grant which is funded by the Department of Education, Office of Indian Education to provide financial and academic support to qualified Native Americans to become teachers, thereby increasing the number of Native Americans in professions serving Native communities.

The LCSC, A.I.S.L.E. Teacher Project will provide professional development activities, academic monitoring, mentoring and financial assistance to qualified students. The financial assistance is defined as a (stipend) and students may receive up to \$4800 per semester. Students who have children may also receive dependent care stipends for the number of children (under 18) living in the household.

Qualifying for the A.I.S.L.E. Teacher Project:

The following eligibility criteria must be met by applicants for stipend consideration:

- Must be enrolled tribal member of a federally or State recognized tribe, or be able to prove 1st or 2nd degree descendents status.
- Must have a minimum of two years of college course work completed and working towards a bachelor's degree in education at Lewis Clark State College.
- Must be a full-time student and not employed more than 20 hours a week;
- Applicants must not be in default on student federal loans or grant repayment
- Must complete the Department of Education's Free Application for Federal Student Aid (FAFSA) Form.
- Applicants who are already teachers and wish to be certified in an additional area, those provisionally certified, or those desiring to earn a second bachelor's degree or obtain teacher certification are eligible to apply.

A completed application packet will contain the following:

1. Completed, Signed, Dated Application form submitted to the address below by **(Deadline: November 27, 2006)**, for the Spring 2007 semester.
2. Include three professional recommendations (signed on official letterhead)
3. Documentation of Tribal Enrollment/Affiliation
4. Official transcripts from ALL institutions attended (include the sealed transcripts in your application).
5. A current resume.

Please submit application information to the following address:

Lewis-Clark State College
A.I.S.L.E. Teacher Project
500th 8th Avenue
Lewiston, Idaho 83501-2698

**Lewis-Clark State College
A.I.S.L.E. Teacher Project**

Student Application

Full Name: _____ **Birth Date:** _____

Other names appearing on records: _____

Address: _____ **City** _____ **State** _____ **Zip:** _____

Phone: H# () _____ **W# ()** _____ **Email:** _____

Native American Status:

Tribal Affiliation: _____ **Tribal Enrollment #:** _____

Federally Recognized Tribe: ____ **State Recognized Tribe:** _____

Native American 1st or 2nd Descendent Status: (please attach a copy of parent enrollment verification and applicant's birth certificate).

Tribal Affiliation: _____ **Enrolled Parent Name:** _____

Tribal Enrollment #: _____

Request For Confidential Information:

This information is requested for reporting purposes and will not be used in a discriminatory manner.

Gender: Male ___ Female ___ **Social Security #:** _____

Are you a Veteran? _____ yes _____ no

Do you have any type of disability that will require special accommodations? If yes, please specify

Education Information

Institution Attending: _____ Degree Program: _____

Minor: _____ Current Credit Load: _____

Cumulative GPA: _____ Year in College: _____

If you are not currently enrolled in the LCSC Teacher Education Program, please indicate when you would be eligible to enroll:

Spring 2007 ___ Summer 2007 ___ Fall 2007 ___ Spring 2008 ___

Employment History

If employed, please complete the following questions:

Current Employer: _____

Occupation/Job Title: _____

How many hours per week do you work in paid employment? _____

References

Please list two personal references, which have knowledge of your academic goals and employment history. References may include (1) relative:

Name: _____

Name: _____

Address: _____

Address: _____

Emergency Contact Information:

Name: _____

Phone#: _____

Address: _____

COMMITMENT ESSAY

The A.I.S.L.E. Teacher Project will evaluate applicants based on their commitment to working toward higher education and using education experience to provide services to school districts that serve a significant number of Native American students. In your own words and in your own handwriting, please submit a statement addressing the following areas:

a) What are your career goals and why have you chosen your specific field of study? (10 points)

b) How will your life experiences, personal and family expectations enhance your anticipated career accomplishments? (10 points)

c) Upon completion of certification or degree, how committed are you to providing services to school districts that serve a significant number of Native American students? (20 points)

In signing this form, I acknowledge that failure to disclose and submit accurate information may result in denial of admission from the A.I.S.L.E. Teacher Project. I certify that all information provided is complete and true.

Signature of Applicant _____ **Date:** _____

DEPENDENT STIPEND VERIFICATION

(According to 34 CFR 77.1, a dependent allowance means costs for the care of minor children who reside with the student and for whom the student has responsibility).

The A.I.S.L.E. Teacher Project offers a dependent stipend of up to \$150.00/per dependent a month. Student participants of the program that receive the dependent stipend must submit a **social security card for dependents** claimed and fill out the following verification information:

I _____ student participant of the A.I.S.L.E. Teacher Project,

Enrolled this _____ semester 2006, will receive a dependent care stipend for my child/children;

_____, _____,
Name/Age Name/Age

_____, _____,
Name/Age Name/Age

_____, _____,
Name/Age Name/Age

I verify that I am the parent responsible for the above mentioned child/children and that the stated child/children are living with me.

Student Signature: _____ Date: _____

Director Signature: _____ Date: _____

OTHER IMPORTANT INFORMATION AND NOTICES:

TRANSMITTAL INFORMATION:

For questions concerning LCSC, A.I.S.L.E. Teacher Project, please contact Lisa Guzman at (208) 792-2743 or Sam White Temple at (208) 792-2744 by email: imguzman@lcsc.edu and tswite-temple@lcsc.edu.

Hand delivery, regular U.S. Mail, or Express Mailing of application is recommended to assure receipt before the deadline.

AWARD NOTIFICATION:

All applicants will be notified of their consideration as soon as possible.

FINANCIAL AID INFORMATION:

It is a requirement that you apply for federal financial aid. The Department of Education's Free Application for Federal Student Aid (FAFSA) is available through the institution you plan to enroll in, or on the Internet at www.fafsa.ed.gov. Students are encouraged to file electronically.

PAY BACK PROVISION:

The LCSC, A.I.S.L.E. Teacher Project, which is a Indian Education Professional Development Grant, funded by the Department of Education, requires that participants work in a school district that serves a significant number of Native American students after teacher education degree completion.

CONFIDENTIALITY:

All material submitted with this application is kept confidential.