

**Summer Youth
Application
Deadline**

**Open: February 24th,
2025
Closed: May 12th,
2025**



**Summer Youth
Employment Dates**

**JUNE 5TH to
JULY 30TH**

ONE SESSION ONLY!!!

**2025 SUMMER YOUTH PROGRAM
YOUTH AGES: 14 – 24**

PLEASE ATTACH THE FOLLOWING BEFORE YOU BRING APPLICATION INTO
OUR OFFICE:

- ☐ All Income Verifications for the last 6 months
- ☐ Abstract or Degree of Indian Blood
- ☐ Social Security Card
- ☐ Valid Drivers License
- ☐ High School Diploma or GED Certificate
- ☐ MALES 18 & OVER – Selective Service Card

If you are a current COLLEGE STUDENT or planning to attend college this fall,
Please, provide a copy of your acceptance letter and a financial aid analysis.

****Must be 14yrs on or before the application deadline****

***Please be sure to sign all required areas. ***

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
****NO ACCEPTIONS****

Sicangu Nation Employment & Training Program
Summer Youth Application
P.O. Box 909 Rosebud, SD 57570
Phone: 747-2393 Fax: 747-5177

Please choose your T-Shirt Size:

- ☐ Small ☐ 2XL
☐ Med ☐ 3XL
☐ Large ☐ 4XL
☐ XL ☐ 5XL

Section 1 Personal Information

Name: _____ Social Security Number: _____
Other Names Used (Alias or Maiden): _____ Phone Number Msg. / Home _____
Address: _____ Date of Birth: _____ Age: _____ M or F
City: _____ State: _____ Zip: _____ Job Interest #1: _____
Tribal Affiliation: _____ Tribal ID #: _____ Community: _____
Family Status: ☐ One Parent Family ☐ Two Parent Family Total Number in Household: _____ Dependants: _____
Directions To Residence: _____

Please List All Family Members, Ages, and Relationship to You Living in Your Household:

	NAME	AGE	RELATIONSHIP
1.			SELF
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please Answer The Following Questions:

- | | |
|---|--|
| 1. Do you have reliable transportation? | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a valid South Dakota Driver's License? | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to submit to a drug test and background check? | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you a citizen of the United States? | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you required to register for Selective Service? | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever been convicted of a felony? | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you have limited proficiency in the English language? | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Did you move to your current address within the last 30 days? | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Have you sought work within the last 28 days? | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are you pregnant or a parenting teen? | 10. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you currently living with your parents? | 11. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you currently homeless or a runaway? | 12. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you a veteran? (Please provide DD-214) | 13. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. What Type of Discharge? | a. <input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other |

Section 2 Child Care

1. Indicate number of your children who may need child care assistance, due to employment. 1. _____
2. Do any of your children have special needs?
If YES, please explain: _____ 2. ☐ Yes ☐ No

Section 3 Medical Care

1. Do you have any type of medical problems?
If YES, please explain: _____ 1. ☐ Yes ☐ No
2. Describe any current or former problems with substance abuse and/or alcohol: _____
3. Are you handicapped?
If YES, please explain: _____ 3. ☐ Yes ☐ No

Section 4 Skills and Education

1. What job/life skills do you have?

EVALUATE YOUR SKILL DEVELOPMENT

	HIGH	AVERAGE	LOW
a. _____	/ /	/ /	/ /
b. _____	/ /	/ /	/ /
c. _____	/ /	/ /	/ /
d. _____	/ /	/ /	/ /

2. Do you have a High School Diploma? 2. ☐ Yes ☐ No
 3. If NO, do you have a GED? 3. ☐ Yes ☐ No
 4. If NO, are you working towards your GED? 4. ☐ Yes ☐ No
 5. Did you drop out of High School? 5. ☐ Yes ☐ No
 - a. When? 6. a. Month _____ Year _____
 6. What is the highest grade you completed? 6. _____
 7. Do you plan to return to school this fall? 7. ☐ Yes ☐ No
 8. Are you required to attend summer school? 8. ☐ Yes ☐ No
 - a. If YES, What dates are you scheduled to attend? 9. a. _____
 9. What school do you plan on attending this fall? 9. _____
 10. Do you have any type of occupational training/college? 10. ☐ Yes ☐ No
 - Name of Institution: _____
 - Address: _____
 - Dates Attended FROM: _____ / _____ / _____ TO: _____ / _____ / _____
 - Major: _____
 - Minor: _____
- Please check one: ☐ DEGREE ☐ CERTIFICATION ☐ NOT COMPLETED

Section 5 Work History / Experience

Have you ever been on the SNETP Summer Youth Program? ☐ Yes ☐ No

PREVIOUS EMPLOYMENT

Worksite: _____ Job Title: _____
Phone #: _____ Hourly Wage: _____
City/Town: _____ Hours Per Week: _____
Dates Worked FROM: ____/____/____ TO: ____/____/____ Circle which session you participated in: 1st 2nd
Job Duties: _____

Section 6 Family Income

1. Circle any of the following that you or your family are receiving: TANF GA TWEP UNEMPLOYMENT SSI WAGES
SOCIAL SECURITY STIPEND FOOD STAMPS CHILD SUPPORT
2. Below, list all family members that have received any type of income during the last six (6) months. Include: Gross Wages (Past JTPA wages also included), Salaries (before deductions), Net Self-Employment Income (gross receipts minus operating expenses), and Other income received from sources such as: Interest, Net Rents, OASI (Old Age Survivors Insurance), Social Security Benefits, Retirement, Pensions, Alimony, and periodic income from Insurance Policy Annuities, and Other Sources of Income.

Name	Relationship to Applicant	Source	6 th month	5 th month	4 th month	3 rd month	2 nd month	1 st month	Total Received

Section 7 Applicant's 52 Week Pre-Program Income

In this section, do not include any wages you received as a Work Experience or On-The-Job-Training participant. Include the total of all other wages/salaries you received before deductions.

How much did you earn during the last 12 months in: Wages/Salaries: _____
Net Self-Employment Income: _____
Armed Forces Pay/Allowance: _____

Section 8 Certification

I certify that the information given is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and I understand that it will be used to determine my eligibility.

Name of Applicant: _____ Date: _____
Parent Signature: _____ Date: _____
SNE&TP Intake: _____ Date: _____



SICANGU NATION
Employment & Training Program
Box 909
Rosebud, South Dakota 57570
(605) 747-2393

AUTHORIZATION TO FURNISH AND RELEASE INFORMATION

I hereby authorize the _____ to supply information requested by the ***SICANGU NATION EMPLOYMENT & TRAINING PROGRAM*** concerning me or my household and to allow inspection and reproduction of records in his/her or their possession pertaining to me or my household by any duly authorized representative of the ***SICANGU NATION EMPLOYMENT & TRAINING PROGRAM***.

Information that is being requested: _____

I further authorize the ***SICANGU NATION EMPLOYMENT & TRAINING PROGRAM*** to release such information to providers or cooperating state and/or federal agencies.

I herewith release any person, agency, or institution from any and all liability to me or my household supplying such information.

This authorization is given only in connection with its use by the ***SICANGU NATION EMPLOYMENT & TRAINING PROGRAM*** in its administration of its program services and/or components and for no other purpose. It shall continue in effect until such time I am no longer a participant/client of the ***SICANGU NATION EMPLOYMENT & TRAINING PROGRAM***.

SIGNATURE OF CLIENT

DATE

DOB: _____
MM/DD/YEAR

SIGNATURE OF PARENT

DATE

SSN: _____

ADDRESS

CITY

STATE

ZIP

Sicangu Nation Employment & Training Program
Summer Youth Schedule
2025

Opening Date: February 24, 2025
Closing Date: May 12, 2025
Orientation Date: June 3 & 4, 2025
Start Date: June 5, 2025
End Date: July 30, 2025
Youth Recognition August 11, 2025

THERE WILL BE ONLY ONE SESSION

Pay Period	Begin	End	Pay Date
2025-13	06/05/25	06/18/25	06/24/25
2025-14	06/19/25	07/02/25	07/09/25
2025-15	07/03/25	07/16/25	07/23/25
2025-16	07/17/25	07/30/25	08/06/25

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NO EXCEPTIONS!!

Rosebud Worksites: You will be expected to turn your timesheets in at the SNETP Office on the last day of the pay period.

Unless you punch in & out on WorkForceGo.

This schedule is subject to change by the SNETP Director or council action.