## **Penobscot Nation Department of Education & Career Services**

Workforce Innovation & Opportunity Act (WIOA) 27 Wabanaki Way, Indian Island, ME 04468

Telephone: (207) 817-7348 or (207) 817-7345 Fax Number: (207) 817-7369

## **SUMMER YOUTH TRAINING PROGRAM APPLICATION**

All supporting documentation must be submitted for application to be complete. Answer all questions.

1				2
Last Name	First		M.I.	Date of Birth
3.				4.
Mailing Address	City	State	Zip Code	4Social Security #
5				6
Residential Address	City	State	Zip Code	6 Telephone Number
7. Sex: M F	8. Age:	9. Regist	ered for Selective Ser	rvice (males 18+ only): Yes No
10. Are you currently in	school or be	etween seme	esters: Yes No _	_
11. Name of school atten	ding or last	attended:		
12. Area of Study:			13. Highest	Grade Completed:
•	J . I J		, ,	ergies, medications etc. that we should (If yes, please explain on a separate
15. Do you have an IEP	or 504 plan	at school? Y	'es No ( <b>If yes,</b>	please provide documentation)
16. Enrolled Tribal Mem	ber: Yes _	_ No	Tribal Affiliation:	
HOUSEHOLD INFOR	MATION:			
17. Are you considered h	omeless? Yo	es No _		
18. How many individual	ls reside in y	our househo	old?	
18. Does the youth applic	ant have an	y dependent	s (children) Yes 1	No If so, how many?
19. What is the approxim (Please provide income		•	our household?	
20. Is anyone in your hou Subsidized Housing, etc.		<b>U</b> 1	· ·	F, SNAP, General/Tribal Assistance, erification)
21. Please provide any ac	lditional wri	tten comme	nts that you feel are n	necessary to explain the

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financial status of your household:	
22. Have you been subjected to <b>any</b> stage of the cr (Answering "yes" to this questions does <b>not</b> disqu	•
23. If you are not currently attending school (eithe	er high school or post high school) please explain why:
24. Are you currently employed in any other job?	Yes No
from the Department of Labor's Workforce Innova without adequate income/benefit/etc documentation	Training Program is funded through grant monies received ation and Opportunity Act. Applications that are returned a will not be processed until the appropriate documentation is the deadline will result in the participant being declared
consequential omissions of any kind whatsoever. I a be liable in any respect if my training program is te	ing questions and statements are true and correct without agree that the Penobscot Nation Tribal Administration shall not rminated because of falsity of statements, answers, or omissions any misleading or incorrect statements may render this n, would be cause for termination.
training program may be terminated at will, at any	ave been selected at the will of the employer and that my time, pursuant to the Penobscot Nation Policies and a training program, the Penobscot Nation Department of
	tion Tribal Administration to conduct a criminal background mination, which includes drug testing, at the expense of the hining.
Participant Signature	Date
Parent/Guardian Signature	Date

Application Deadline is June 21, 2025 by 4 p.m.
Applications must be returned to:
Carlene Miller, Education Department
Room 209, Nicholas Sapiel Building
(207) 817-7345

(Required for Participant's who are minors)

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