

Lukachukai Chapter Government

Summer Youth Employment

Eligibility

- * Student is a member of the Navajo Nation with a Census Number;
- * Student must be between the ages of 14 to 17, parent or legal guardian shall be an active registered voter of Lukachukai Chapter;
- * Student shall be enrolled in a high school, college, university, vocational or technical institution;
- * Student must have in possession a Social Security Card;
- * Student must not be expelled or on probation status from high school, college, university, vocational or technical institution;
- * Depending on the availability of funding, may not be a sibling to a previous selected applicant or current student applicant.

Applicant Procedure

- * Applicant must submit a Lukachukai Chapter Government Summer Employment application and required documents to the Lukachukai Chapter Administration by the deadline.
 - * Deadline: June 07, 2019 @ 5:00 p.m.
 - * Checklist:
 - Complete Lukachukai Chapter Summer Youth Employment Application
Please make sure all fields are completed. All information provided on the application is verified exactly as printed on the attachments.
 - Enrollment Verification - Enrollment Form or Course Schedule
Please attach documents that verify the information in Education Information: institution name, type of degree/certificate, major/area of study, and enrolled credit hours, etc. Please ensure personal information on documents exactly match the information provided on the application.
 - Copy of Social Security Card/Certificate of Indian Blood
 - Parent/Guardian need to provide a copy of valid N.N. Voters Registration verification (i.e.: Navajo Nation Voter Registration Card, carbon copy, or C.I.B. with Photo I.D.)

Verified by: _____

Name and Title

- Letter of Interest from Applicant
- Applicant must be 14 years old or older

Applicant Responsibility

- * Make sure all information is current. Inconsistent information (addresses, majors, etc.) will result in your application information not being verified and a denied application.
- * Application and attachments will not be reviewed prior to the deadline, so please make sure all information is correct and all documents are attached.

Lukachukai Chapter Government

P.O. Box 248, Lukachukai, Arizona 86507
 Phone: (928) 787-2500 * Fax: (928) 787-2332

Received

Summer Youth Employment Application

Please print legibly and complete all fields

Personal Information

Last Name		First Name		Middle Initial
Social Security Number		Census Number	Date of Birth	Telephone Number
Email Address			Message Phone Number(s)	
Current Mailing Address		City	State	Zip Code
Physical Address with Home Description			City	State
If under 18 years old, is your parent registered with the Lukachukai Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent Name: _____				
Are you registered with the Lukachukai Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent Census Number: _____				
Do you have any relatives that are employed by the Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of relative and relation: _____				

Education Information

High School Attended:	City:	State:	Graduation Date:
Upcoming School Year Class Status: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
College/University Attended:	City:	State:	Graduation Date:
Degree & Major <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate If pursuing a degree, please indicate Major: _____			
Certificate & Area of Study <input type="checkbox"/> Certificate <input type="checkbox"/> Other If pursuing a certificate, please indicate Area of Study: _____			

Employment Information

Previous Employer(s)	Address	Supervisor:	Phone Number:
OTHER TRAINING, JOB EXPERIENCE:			
HOBBIES OR SPECIAL INTERESTS:			
LANGUAGE YOU SPEAK FLUENTLY:		LANGUAGE YOU WRITE FLUENTLY:	

Attachments

Attach the following documents:

- Enrollment verification - documents verifying ALL Education Information above and documents belong to the applicant
- Copy of Navajo Nation Voters Registration verification (if under 18 years of age, a copy of parent's card)

I certify the information provided in this application and attachments are correct to the best of my knowledge.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

(If student is under 18 years of age)

FOR ADMINISTRATION USE ONLY

Complete Application (highlight incomplete fields)	Yes	No	Applicant or Parent/Guardian registered with the Lukachukai Chapter	Yes	No
<input type="checkbox"/> Approved					
<input type="checkbox"/> Denied					
Reviewed & Verified _____			Date _____		