



# WELDING COURSE

LEARN TO WELD! EARN A STIPEND  
WHILE YOU LEARN

- 8-week course: Aug 19 - Oct 18, 2024
- 8 hours/day, Mon-Fri
- Stipend: \$100/day (full attendance required)
- 10 spots available - Priority to CSKT Tribal members/descendants

Apply by July 15th!

Application and Information at  
[SKC.edu/welding-course-2024](http://SKC.edu/welding-course-2024)



For more information:

Juan Perez  
[juan\\_perez@skc.edu](mailto:juan_perez@skc.edu)  
406-275-4855



**SALISH KOOTENAI  
COLLEGE**

[www.SKC.edu](http://www.SKC.edu)



**SALISH KOOTENAI  
COLLEGE**  
OFFICE OF ADMISSIONS & TRANSFER

P.O. BOX 70  
PABLO, MT 59855

# Application for Welding Course

**This application is due  
by July 15, 2024 at  
5pm.**

### APPLICANT'S NAME

Last \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

### MAILING ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Message/Cell \_\_\_\_\_

Email \_\_\_\_\_

### TRIBAL AFFILIATION

Are you an enrolled tribal member of a federally  
recognized tribe?     Yes     No

Name of tribe: \_\_\_\_\_

Are you a 1<sup>st</sup> generation descendent of an enrolled  
tribal member?     Yes     No

Name of tribe: \_\_\_\_\_

PLEASE NOTE: Preference for admission  
to the Welding Course will be given to CSKT  
Members, then CSKT descendants, then  
members of other federally recognized tribes.

Please return application and required  
documentation to:

**Salish Kootenai College**  
Attn: Juan Perez  
P.O. Box 70  
Pablo, MT 59855  
(406) 275-4855

### ADMISSION REQUIREMENTS

- Complete an application to SKC at <https://interested.skc.edu/undergraduate-admissions-process/> If you need assistance with the process you may contact Juan Perez at the phone number above.
- Complete this SKC Welding Application
- Provide official documentation of tribal status if enrolled or 1<sup>st</sup> generation descendent
- Must be able to lift 60 pounds
- Must be 18 years old by start of training

Do you have experience working in welding  
or a related field?     Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Length of time? \_\_\_\_\_

## ABILITY/REQUIREMENTS

Successful completion of the welding training requires that you attend all class sessions, 8 hours per day, 5 days per week, for 8 weeks.

1. Are you able to commit to attending the class regularly, including arriving on time?  
 Yes  No
2. Are you physically and mentally able to perform the work of this trade?  
 Yes  No
3. Are you able and willing to attend all related class sessions as required to complete your training?  
 Yes  No
4. Are you able to lift 60 pounds?  
 Yes  No

## REQUIRED MATERIALS

- Leather boots (shop)
- Long-sleeve shirts
- Coveralls (optional for shop)
- If students require eyeglasses for reading, they are required to bring them
- All personal protective equipment (PPE) and reading materials will be supplied by the Welding Program

## STATEMENT OF UNDERSTANDING

*Initial each statement below to indicate your knowledge and understanding of applying for the welding course.*

- A. \_\_\_\_\_ The training will involve physical work. The applicant confirms he/she is physically and mentally able to safely perform the work involved in this training.
- B. \_\_\_\_\_ I understand that Salish Kootenai College *is not* responsible for the applicant's health care services.
- C. \_\_\_\_\_ I understand that welding requires my full attention and I may not be under the influence of any substances (alcohol, substances including some prescribed drugs.). I understand that I may be sent home if I appear to be under the influence of such substances.
- D. \_\_\_\_\_ I understand that I will be paid a stipend of \$100/day for each day that I attend a full 8-hour day. I will not receive the stipend for days in which I am absent for part or all of the class day.

I have personally read and agree to all of the above statements.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SALISH KOOTENAI COLLEGE

## OFFICE OF ADMISSIONS

P.O. BOX 70  
PABLO, MT 59855  
(406) 275-4855  
www.sk.edu

## APPLICATION FOR ADMISSIONS

(REV. 10-4-2022; JRP)

Congratulations on your decision to attend Salish Kootenai College. Our college is consistently honored as an Institution for Higher Education in many areas due to strong leadership, faculty and staff that are committed to achieving positive outcomes for students. As you begin to meet your higher education goals we have provided you a checklist to follow for your admission requirements.

### 1. Apply for Admission: *(A complete admissions file is required prior to registration and includes the following)*

- SKC Application for Admissions (Required) – Must be completed in **blue** or **black ink**. Failure to do so will result in your application being returned to you without being processed.
- Official High School Transcript and/or Official GED Scores (**Must be sent directly to SKC from issuing institution**)
- Official College Transcript(s) from all Colleges you attended, even if no credit was earned (**Required, if applicable. Must be sent directly to SKC from issuing institution**)
- Tribal Certification Release Form (**Required, if applicable; we need official documentation if you are an enrolled member or a descendant**)
- Verification of Residency (**Required for everyone & needs to date back one full year**)
- Immunization Records (Required)
  - \_\_\_ 1st MMR
  - \_\_\_ 2nd MMR
  - \_\_\_ TB Skin Test within last five years (those born before 1-1-1957 need only TB skin test)

### 2. Apply for Financial Aid & Scholarships and PLACEMENT ASSESSMENT (if applicable):

- **Financial Aid:** Maranda Spotted Eagle: 275-4857
  - \*Create an FSA ID that will be used as your electronic signature when applying for financial aid. If you are a dependent, you and one of your parents will need to create an FSA ID. For additional information on the FSA ID, please see the following website: <https://fsaid.ed.gov/npas/index.htm>
  - \*Complete the Free Application for Federal Student Aid (FAFSA) – [www.fafsa.ed.gov](http://www.fafsa.ed.gov) – **SKC school code: 015023**
- **Scholarships:** Amanda Serrano: 275-4820
  - \*Salish Kootenai College offers a scholarship every Fall and Winter quarter. For more information on the SKC scholarship and additional scholarships, please see the following website: <http://career.sk.edu/scholarships/>
- **College Placement Assessment** (needs to be completed before you will be allowed to register for courses)

### 3. Apply for Housing, Childcare and/or specific Department Admissions:

- SKC Student Housing: ~ <http://housing.sk.edu/>
- SKC Childcare: 675-8475
- Specific Department Admissions, if applicable:
  - [Nursing Program](#)
  - [Highway Construction Training Program](#)
  - Social Work Department
  - [Dental Assisting Technology Program](#)

Admission deadlines for Salish Kootenai College are the second Friday before the start of each quarter

**If you have any questions about the admission requirements or application process, please contact: SKC Admissions at (406) 275-4855 or [admissions@sk.edu](mailto:admissions@sk.edu)**



# SALISH KOOTENAI COLLEGE

## OFFICE OF ADMISSIONS

P.O. BOX 70  
PABLO, MT 59855  
(406) 275-4855  
www.skcc.edu

## APPLICATION FOR ADMISSIONS

(REV. 10-5-2022; JRP)

Which Quarter do you plan to enroll:  Fall  Winter  Spring Year: \_\_\_\_\_

Do you plan to Enroll:  Full-Time  Part-Time Intended Major: \_\_\_\_\_

### PERSONAL INFORMATION

PLEASE PRINT CLEARLY

Full Legal Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Marital Status: Married  Single  Divorced  Separated  Widowed

Are you a Veteran? Yes  No  If yes, Branch of Service \_\_\_\_\_ Eligible for Educational Benefits? Yes  No

Are you a U.S. Citizen? Yes  No

If you are not a U.S. Citizen were you granted permanent residency to the U.S.? Yes  No

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ETHNICITY INFORMATION

The following information is requested based on funding provided by the Tribally Controlled Community College Assistance Act of 1978:

What is your ethnicity? Yes  Hispanic or Latino No  Not Hispanic or Latino

If you selected not Hispanic please select all that apply:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Are you an enrolled member of a federally recognized tribe? Yes  No  Census/Enrollment #: \_\_\_\_\_

Are you a Descendant of an enrolled member (Parent or Grandparent)? Yes  No

Parent; Full enrolled name \_\_\_\_\_

Grandparent; Full enrolled name \_\_\_\_\_

Name and Location of tribe: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**SAFETY & SECURITY** (All applicants must answer these questions)

1. Have you ever been convicted of a felony (please include instances of deferred sentencing)? Yes  No

*A felony in Montana State Law is defined as a crime for which more than one year in prison may be imposed.*

2. Have you been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property? Yes  No

3. Have you ever been disciplined, suspended from, or placed on probation at any educational institution for non-academic reasons? Yes  No

*Suspension is defined as a sanction imposed for disciplinary reasons that result in a student leaving school for a fixed time period, less than permanently. Dismissal from a college for disciplinary reasons is defined as a permanent separation from an institution of higher education on the basis of conduct or behavior.*

4. Have you ever been required to register as a sexual or violent offender? Yes  No

**If you answered “yes” to any of the above questions, please provide an explanation below. Failure to do so will delay the processing of your application.** An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the College to provide additional information. A campus committee to ensure campus safety will review this information. Any falsification or omission of data may result in a denial of admission or dismissal. To ensure adequate evaluation of your file, this application and all supporting documentation must be received thirty days before the beginning of your enrollment term. (Please note: this applies to only those who indicate “yes” to any of the above Safety & Security questions)

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## ACADEMIC HISTORY

### A. High School

1.  I have graduated Graduation date: \_\_\_\_\_

2.  I will be graduating

Complete name of your high school: \_\_\_\_\_

City/State: \_\_\_\_\_

### B. GED

1.  I have received my GED Graduation date: \_\_\_\_\_

2. I will receive my GED

Complete name of your GED Testing Center: \_\_\_\_\_

City/State: \_\_\_\_\_

### C. COLLEGE/UNIVERSITY

Have you attended (registered at) another College or University whether credit was earned or not? Yes  No

If you have attended (registered at) or are attending another college or university, please provide the following information for each institution. **You are required to submit an official transcript for all institutions you have attended. Official transcripts must be sent directly to SKC from the issuing institution.**

▪ Name of 1<sup>st</sup> College: \_\_\_\_\_

▪ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

▪ Dates of attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_

▪ Name of 2<sup>nd</sup> College: \_\_\_\_\_

▪ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

▪ Dates of attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_

▪ Name of 3<sup>rd</sup> College: \_\_\_\_\_

▪ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

▪ Dates of attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_

▪ Name of 4<sup>th</sup> College: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Degree(s) earned: \_\_\_\_\_

(If more, attach list)

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## SURVEY QUESTIONS

1. How well do you speak your tribal language?
  - Not applicable
  - None
  - Basic
  - Intermediate
  - Advanced
  - Fluent
2. Is English your primary Language?
  - Yes
  - No
3. Do you live in a family or community in which a language other than English is the primary language?
  - Yes
  - No
4. Did/will your parents have a four-year degree by the time you turn/turned 18 years old?
  - Yes
  - No
5. Do you receive any of the following for your family:
  - Food Stamps:
    - Yes
    - No
  - TANF/AFDC:
    - Yes
    - No
  - Free/Reduced Meals:
    - Yes
    - No
6. Are you a Displaced Homemaker? (Learning marketable skills for the first time because of a Divorce or Widowed)
  - Yes
  - No
7. Is your Primary Residence on or near a reservation (within 60 miles)?
  - Yes
  - No
8. Which best describes you?
  - Single with No Children
  - Single with Dependent Children
  - Married with No Children
  - Married with Dependent Children
9. Please mark the ONE answer that best fits your CURRENT goal for going to SKC:
  - Take classes for personal enjoyment
  - Take classes to increase job skills but NOT earn a degree
  - Complete a one-year certificate
  - Complete a two-year Associate degree
  - Complete an Associate degree AND go on to earn a four-year degree
  - Earn a Bachelor's degree
  - Take some classes and then TRANSFER to another college
  - I am uncertain about completing a degree or certificate
10. How much time per week do you plan to be employed while in college?
  - Not at all
  - 1-10 hours per week
  - 11-20 hours per week
  - 21-40 hours per week
  - More than 40 hours per week
11. Do you speak a Native American Language?
  - None
  - Some
  - Can carry on a conversation
  - Fluent
12. Are you responsible for the care of either of the following?
  - Not applicable
  - Children
  - Elders
13. How many family members do you regularly provide care for (including children, elders and other family members)?
  - None
  - One to two
  - Three to four
  - Five to six
  - Seven or more
14. Which of the following best describes your high school?
  - Public high school not on a reservation
  - Public high school on a reservation
  - Bureau of Indian Affairs high school
  - Tribal high school
  - Other



## DISABILITY INFORMATION

If you have a disability for which accommodations may be necessary, please submit a confidential written request for disability accommodations to:

Silas Perez, Disabilities Services Coordinator  
Salish Kootenai College  
P.O. Box 70  
Pablo, MT 59855  
(406) 275-4968

Written documentation of disability is usually required. Disability accommodation information will be confidential and used only in accordance with federal regulations issued pursuant to Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act. Please refer to our website for further disabilities information at: <http://disabilities.sk.edu/>

## SIGNATURE VERIFICATION

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of Salish Kootenai College, including but not limited to those rules, regulations and standards stated in the catalog and student handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SKC does not discriminate on the basis of race, ethnicity, national origin, sexual identification, gender, age, or disability, except as allowed by the Indian preference provision of the Civil Rights Act of 1964, as amended. Consistent with state and federal law, reasonable accommodation will be provided to persons with disabilities.

The Title IX Coordinator is responsible for coordinating the College's compliance with federal and state discrimination and sexual harassment laws, including Title IX. Inquiries concerning Title VI, IX, and Section 504 may be referred to: Rachel Andrews-Gould, Title IX Coordinator, (406) 275-4985, or the Montana Human Rights Commission, 1236 Sixth Ave, Helena, MT, 59624, (406) 444-2844/(800) 542-0807.