Nitaazhitoojik Industrial Training (NIT) Program Direct Assistance Application

Direct Assistance Guidelines
The Nitaazhitoojik Industrial Training (NIT) Program is designed to provide direct assistance to students pursing training in high demand STEM-related fields. Direct assistance includes tuition, books, fees, transportation costs and/or related training costs. Students enrolled in the Industrial Arts Institute Welding Program or in the North Central Michigan College Computer Numerical Control (CNC), Computer-Aided Design (CAD), or Mechatronics Programs may be eligible to receive direct assistance through the NIT Program.

Non-discrimination Statement
The Nitaazhitoojik Industrial Training Program does not discriminate on the basis of any applicable protected classification including, but not limited to, race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Preference is given to individuals of Native American/Hawaiian or Pacific Islander descent. Descendancy refers to anyone that directly descends from original tribal people, regardless of blood quantum.

	Documentation Required for Eligibility:
☐	Completed Nitaazhitoojik Industrial Training (NIT) Application
☐	Authorization of Non-Directory Information Disclosure – NCMC FERPA Release
☐	Copy of Current Course Schedule/ Enrollment Verification
☐	Income Verification Form
☐	Proof of Household Income
☐	Financial Assistance Agreement
☐	Grade report/ Verification of Completed Module (if applicable)
☐	Completed W9 form (for first time applicants only)

Completed NIT applications may be mailed, faxed, emailed or hand delivered. Please send mailings to the following address:

LTBB Education Department
7500 Odawa Circle,
Harbor Springs, MI, 49740
Fax: 231-242-1490 Email: kbennington@ltbbodawa-nsn.gov

Please contact the LTBB Education Department at (231) 242-1485 with questions.

The Nitaazhitoojik Industrial Training Program is funded in part by the **US Dept. of Health & Human Services** through an **Administration of Native Americans** grant and by in-kind third-party match contributions from **North Central Michigan College and the Industrial Arts Institute.**

Nitaazhitoojik Industrial Training (NIT) Application

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ **Email:** _____

Employer: _____ **Employer Phone #:** _____

Are you of Native American/Hawaiian or Pacific Islander Descent? A person having origins in any of the original peoples of North and South America (including Central America and Pacific Islands), and who maintain tribal affiliation or community attachment? (*please circle*) **Yes** **No**

Tribal Enroll #: *(if applicable)* _____ Tribal Affiliation: _____

Are you or a household member a veteran? *(please circle)* Yes No

Are you or a household member a displaced worker? *(please circle)* Yes No

Gender *(please circle)* Female Male

Are you a high school student? *(please circle)* Yes No

How did you hear about the Nitaazhitoojik Industrial Training Program?

_____

_____

Program Information

Please select the program that you are enrolled in:

North Central Michigan College

- ☐ Computer Numerical Control (CNC)
- ☐ Computer-Aided Design (CAD)
- ☐ Mechatronics
  (Available Fall 2021)

Industrial Arts Institute

- ☐ Comprehensive Industrial Welding
- ☐ Work-Based Learning Welding

Anticipated Student Resources

Please check all resources that you have applied for to cover program expenses or would like more information: (please specify in the space below)

FAFSA	☐ _____	**MITW**	☐ _____
LTBB WIOA	☐ _____	**Other**	☐ _____
LTBB WOCTEP	☐ _____		_____
Michigan Works!	☐ _____		_____

Certificate of Agreement

Conditions of Agreement:

1. I must apply for the Michigan Indian Tuition Waiver (if eligible), and any other financial aid available including the FAFSA, and LTBB sponsored programs, if applicable.

2. If I am deemed eligible for assistance, funding will be applied for NIT-approved courses only *(repeated courses will not be eligible for assistance).*

3. I must maintain a minimum grade point average (GPA) of 2.0 to continue being eligible for assistance through the NIT Program.

4. I agree to successfully and professionally interact LTBB staff, program partners, and potential employers. This includes prompt follow-up to calls and/or emails from staff, attending all scheduled appointments on time and providing notification if I will be late or if I need to reschedule an appointment, and professionally engaging in discussions about the program and my participation.

5. It is my responsibility to communicate with the NIT Program regarding any changes to my enrollment, financial assistance status and my student account/billing status.

6. I must notify the NIT Program within **10 days** of any changes to my employment status, residence, and/or household income. Notifications must be made in writing.

7. I agree to contact the NIT Project Director if I need to exchange or return items purchased for me as part of direct assistance and the staff will assist me in the return/exchange.

8. I agree to authorize the LTBB Niigaandiwin Education Department to make press releases on my behalf in case of special achievements, graduations, and other events.

9. I agree to the release of my academic information to the Human Resources or other relevant departments of both the tribal government and its enterprises.

10. The discovery of falsification or omission of information, forgery of grant documents, or fraudulent use of grant funds may be grounds for investigation and can result in cause of action to retrieve misused funds, prosecution under the law, and/or program disenrollment.

11. I understand that if there is any violation of this agreement, the next course of action may include: suspension from the NIT program for 6 months, termination from the NIT program, and prohibition from receiving any future Niigaandiwin Education Department services.

I, the student, as a Nitaazhitoojik Industrial Training recipient, agree to the above terms and conditions.

_____ _____

Student Signature: Date

_____

Student Printed Name:

Income Verification Form

Applicant Name: _____

Address: _____
Street *City* *State* *Zip Code*

Phone Number: _____ **Email:** _____

# of Adults in Household: _____ **# of children in household:** _____

Are you currently employed? *(please circle)* Yes No **If yes, who are you employed with?** _____

☐ Please check if your household income is $0 and then proceed to page 4 of the application.

List **all** current sources of income for all household members. Please include income from non-taxable sources such as child support, FIP/FIA, worker's compensation, SSI, etc. Do not include capital gains and non-cash government benefits such as public housing, Medicaid, food stamps, MCEH funding, etc.

Family Member	Source of Income/Employer	Monthly Average $
	Total Monthly Income:	$

I authorize the NIT program to obtain information from my employer(s), the Women's Resource Center, FIA/DHS, SSA, North Central Michigan College and/or other organizations for purposes of verifying the information outlined above. This information may include but is not limited to rate of pay, work schedule, financial aid awards, and mileage assistance. I also understand that NIT may share my information with other LTBB entities, departments and grant programs for service eligibility purposes. I understand that falsification or omission from the program if discovered may cause for refusal of admission, cancellation of admission or suspension from the program. I further understand that misuse of federal grant funds may cause for repayment of assistance and/or prosecution underthe law.

_____ _____
Signature *Date of Signature*

Zero Income Form

Applications may be denied or delayed if this form is not completed and signed by the applicant that is 18+ years old and has no income.

Income is defined, but not limited to the following:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Sale of products or services
- Rental income from a real estate or personal property
- Interest or dividends from assets
- Sales from any self-employment resource
- Social Security income, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Periodic payments such as alimony, child support, or monetary gifts received from persons not living in the household

Reason for Zero Income/not working:

_____

_____

_____

_____

How do you pay for your basic needs (shelter, clothing, utilities, personal items, etc.)?

_____

_____

_____

_____

I certify that I am currently unemployed or have any source of income listed above. There is no imminent change expected in my financial or employment status in the next 30 days. Should I become employed or receive any type of income, I agree to notify the NIT Program within 10 days of my employment or receipt of income of $100 or more per month. I understand that failure to report this information is considered fraud and I am aware of the legal consequences as well as the possibility of being dismissed from the NIT program.

_____ _____

Applicant Signature Date

_____

Applicant Name (Print)

Little Traverse Bay Bands of Odawa Indians
Niigaandiwin Education Department
Authorization to Release Information

In the United States, FERPA (the Family Educational Rights and Privacy Act {20 U.S.C. 1232g} protects the privacy of student Education Records. "Education Records" includes records that are directly related to a student.) grants Parents and Eligible Students certain rights with respect to Education Records. "Parent" means a parent of a student and includes a natural parent, guardian, or an individual acting as a parent in the absence of a parent or guardian. "Eligible Student" means a student who has reached 18 years of age or attends a school beyond the high school level. FERPA rights transfer from a Parent to a student when the student becomes an Eligible Student. Therefore, the Little Traverse Bay Bands of Odawa Indians Education Department cannot release any personally identifiable information contained in a student's educational records, either verbally or in writing, unless that child is a dependent under 18 years of age as defined by the IRS regulations. Students may grant a third party (**i.e. parent, family member, friend, spouse, or other individual/organization**) permission to access student educational records by completing this form and returning it to the Little Traverse Bay Bands of Odawa Indians Niigaandiwin Education Department.

I,_____, authorize the Little Traverse Bay Bands
(Full Legal Name)

of Odawa Indians Niigaandiwin Education Department to release information regarding my student file in whole or in part to the following individual(s).

Full Name	Relationship to Student	Date of Birth

_____ Student Signature

_____ Tribal Enrollment # (if applicable)

_____ Date of Signature

If you no longer wish for the listed individual(s) to have access to information in your file, you must notify the LTBB Niigaandiwin Education Department in writing.

Authorization of Non-Directory Information Disclosure

I hereby authorize North Central Michigan College to release my non---directory information to my parent (s): (or other named individuals or entities). If parents live at the same address, please list them both in #1.

1.	2.
Nitaazhitoojik Industrial Training Program	
Name(s)	Name(s)
7500 Odawa Circle	
Address	Address
Harbor Springs, MI, 49740	
City, State, Zip	City, State, Zip

If person(s) named above are not your parent(s), how are they related to you?

_____

Documents authorized for release:

All information can be shared in regards to the Nitaazhitoojik Industrial Training Program.

_____

_____

_____

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

Date	Student's Name (print)	ID #

_____
Student's Signature

_____
Student's Social Security Number

Return by fax to: (231) 348-6625
or by mail to: North Central Michigan College, Records Office, 1515 Howard Street, Petoskey, MI 49770

Additional Program Code/Catalog Year Form

Please Print

Student Name: _____
First MI Last

Student I.D #: _____

Add'l Program Code: _____ **Catalog Year:** _____

Additional Goal to:

1. Earn Second or more Certificate or Associate degree(s)
2. Transfer with North Central Michigan College degree
3. Transfer without North Central Michigan College degree
4. Personal Development only-not financial aid eligible

Student's Signature: _____

Return this form to Student Service

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▸

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ▸

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)

Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▸** **Date ▸**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.