



## Student Application

STUDENT NAME: \_\_\_\_\_

Please complete the following checklist:

- \_\_\_\_\_ Call **906-248-3354** to schedule your BMCC advising appointment
- \_\_\_\_\_ WOCTEP Student Application
  - Admission Form
  - Income Verification Form
  - Zero Income Form (if necessary)
  - Financial Assistance Agreement
  - W-9 Form (Used for non-tax purposes only)
  - Authorization to Release Student Information Form
- \_\_\_\_\_ Proof of Income (First page of tax return showing adjusted gross income)
- \_\_\_\_\_ **Unofficial Transcript** (if applicable)
- \_\_\_\_\_ BMCC Course **Schedule** for current or upcoming semester
- \_\_\_\_\_ LTBB members contact LTBB's Higher Education Specialist at **231-242-1492** for Michelle Chingwa Scholarship.

### Please return application to:

WOCTEP/LTBB Education Department  
7500 Odawa Circle  
Harbor Springs, MI, 49740

### By email:

[WOCTEP@LTBBODAWA-NSN.GOV](mailto:WOCTEP@LTBBODAWA-NSN.GOV)

Please contact WOCTEP at **231.242.1484**



**BAY MILLS**  
Community College



# Admission Form

Which BMCC program do you intend to take?

Medical Office (Certificate)

Medical Coding & Billing (COC)

Business Administration (AA)

Early Childhood Education (COC)

Early Childhood Education (AA)

Computer Information Systems (AAS)

Computer Science – Web Development (AAS)

Construction Technology (COC)

Construction Technology (AA)

Office Administration (AAS)

1. **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. Yes/No \_\_\_\_\_ Tribal Affiliation (if known) \_\_\_\_\_ Tribal ID # (if applicable) \_\_\_\_\_

2. BMCC Student ID#: \_\_\_\_\_ 3. Dual Enrolled High School Student, Yes/No \_\_\_\_\_

4. Name \_\_\_\_\_  
Last (legal) First (legal) Middle (legal) Other Names Used

5. Street Address (and Mailing if different) \_\_\_\_\_

6. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

7. Phone \_\_\_\_\_ 7. Do you want to receive important limited text messages regarding deadlines, office closures, etc.? Yes/No \_\_\_\_\_

8. Email Address \_\_\_\_\_ 9. Date of Birth \_\_\_\_\_

10. Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ 11. Veteran/Active Duty, Yes/No \_\_\_\_\_

12. Do you have a parent in the military on active duty, Yes/No \_\_\_\_\_

13. Come from a non-English speaking background, Yes/No \_\_\_\_\_

14. Have you been in the foster care system, Yes/No \_\_\_\_\_

15. How did you hear about WOCTEP? \_\_\_\_\_

16. Name of Employer(s): \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

**Please initial:** \_\_\_\_\_ I Give Permission to the LTBB Education Department to share the above information with the Human Resources Departments of both the Tribal Government and Tribal Enterprises for recruiting purposes. I also give permission for WOCTEP to share the above admissions information with other LTBB Grant programs for enrollment, recruitment, and/or grant reporting purposes.

By signing below, I certify that all the answers I have given on this application, and responses, are complete and accurate to the best of my knowledge. I understand that falsification or omission of information or credentials may be cause for; refusal of admission, cancellation of admission, or suspension or dismissal from the program if discovered subsequently. I also understand that misuse of federal grant funds may be cause for repayment of funds and/or prosecution under the law. I also understand that I have a continuing obligation to notify the Project Director of a change in my circumstances that would have resulted in a different response to the above questions. Failure to update the Project Director about said changes in circumstances may result in the same sanctions as apply to misrepresentation of the facts originally stated in the application.

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

# Income Verification Form

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

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

Daytime Phone Number: \_\_\_\_\_

Number of Adults (18 & Older) in Family Household: \_\_\_\_\_

Number of Children (17 & Younger) in Family Household: \_\_\_\_\_

Are you currently employed (circle one)? YES or NO If yes, Where? \_\_\_\_\_

I. Please list **all** current weekly, monthly or annual sources of income below for all household family members. Include income from non-taxable sources (child support, FIP/FIA, workers' comp, SSI, etc.). Do **not** include capital gains and non-cash government benefits (public housing, Medicaid, food stamps, etc.).

Name of Family Member	Source of Income/Employer	Monthly Average \$
<b>Total Monthly Income:</b>		<b>\$</b>

- Check here if you have **no** income and fill out the ZERO INCOME FORM (included in application packet)
- Check if you receive mileage allowance from another source (FIA/DHS, MiWorks!, Women's Resource Center, etc.)

By signing below I authorize the WOCTEP program to obtain information from my employer(s), Women's Resource Center, FIA/DHS, SSA, Bay Mills Community College or other organization(s) for the purpose of verifying the information contained herein. This information may include (but is not limited to) rate of pay, work schedule, financial aid awards, and mileage assistance. I also understand that WOCTEP may share my income information with other LTBB grant programs. I understand that falsification or omission of relevant financial or employment information may be cause for; refusal of admission, cancellation of admission, or suspension from the program if discovered subsequently and also understand that misuse of federal grant funds may be cause for repayment of funds and/or prosecution under the law.

**Signature** \_\_\_\_\_

**Date** \_\_\_/\_\_\_/\_\_\_

# ZERO INCOME FORM

On your application, if you indicated that your household has zero income, please check **X** to all that applies:

- I am claiming no income.
- I've been laid off or lost my job.
- My spouse has been laid off or lost his/her job.
- I have applied for unemployment.
- Nobody in my household is employed.
- My situation has not changed since last semester (still no income).

**Explanation of above situation(s):**

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**How do you pay for your rent, mortgage, and utilities?**

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By signing below, I certify that the above information is complete and accurate to the best of my knowledge. I also understand that providing false information or failing to report income to obtain benefits could result in one or more of the following scenarios; action taken to collect repayment of grant funds, investigation, permanent dismissal of WOCTEP enrollment.

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**Signature**

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**Date**

# WOCTEP FINANCIAL ASSISTANCE TERMS & CONDITIONS

## I understand and agree:

1. That if I qualify for WOCTEP assistance under WOCTEP income guidelines, financial assistance is for approved WOCTEP courses only (repeated courses are considered eligible for assistance one time with the exception of stipend aid).
2. That federal and non-federal awards (including Pell Grant and scholarship awards) must be applied to student account before WOCTEP will process tuition and course material assistance.
3. That I must maintain a minimum of 2.0 GPA to continue WOCTEP financial assistance eligibility.
4. That WOCTEP Tuition & Fees financial assistance checks will be mailed directly to Bay Mills Community College.
5. To report all schedule, employment, household, and income changes in writing to WOCTEP **within 7 business days** (email or postmarked letter notification).
6. That upon dropping WOCTEP tuition assisted course(s), refunds will be returned to the Little Traverse Bay Bands of Odawa Indians.
7. That if I withdraw from WOCTEP courses after BMCC's tuition refund period, I will be responsible for costs incurred.
8. That if WOCTEP has paid for a course or courses that are withdrawn or failed, I may become subject to a probationary period of one semester to complete with a 2.0 GPA or higher without WOCTEP funds.
9. That it is my responsibility to follow up with WOCTEP staff and the BMCC Financial Aid office in regard to my WOCTEP financial assistance status and my student account/billing status at BMCC.
10. **That discovery of falsification or omission of information, forgery of grant documents, or fraudulent use of grant funds, maybe grounds for investigation and could lead to: cause of action to retrieve misused funds, prosecution under the law, and program disenrollment.**

**STUDENT SIGNATURE: X** \_\_\_\_\_ **DATE:**    /    /

**BMCC Student ID number-** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Initial:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Phone : ( \_\_\_\_\_ )- \_\_\_\_\_ - \_\_\_\_\_



# BAY MILLS Community College

## AUTHORIZATION TO RELEASE STUDENT INFORMATION

Federal law prohibits BMCC from discussing your information with anyone, unless authorized in writing by you. This authorization is effective until you graduate or cancel the release.

### Section I – Student Information

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_

Student ID number \_\_\_\_\_

### Section II – Authorization Information

I authorize only the person or persons listed to receive my information:

Name WOCTEP Name \_\_\_\_\_

I authorize BMCC to release the following information: (Check all that apply)

- Financial Aid Information: Satisfactory Academic Progress, GPA, FAFSA info, Award Amounts
- Student Account Information: Account Balances, Account Charges, Billing, Payments, Refunds
- Student Registration Information: Class Schedule, Grades, Grade Point Average
- Student Transcript Ordering

I certify that I have authorized the release of my information to the individual(s) listed above.

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

### *Cancellation of the Release of Student Information*

I request cancellation of this release.

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

You may request cancellation of this release at any time. If you wish to reinstate the release in part or in whole, you must fill out another authorization form.

Revised 10-31-11

12214 W. Lakeshore Drive • Brimley, MI 49715 • 1-800-844-BMCC (2622) • Fax (906) 248-3351 • www.bmcc.edu

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*