



## Student Application

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

Please complete the following checklist:

- \_\_\_\_\_ Call **231-348-6605** to schedule your NCMC 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 of Non-Directory Information Disclosure Form
- \_\_\_\_\_ Proof of Income (First page of tax return showing adjusted gross income)
- \_\_\_\_\_ **Unofficial Transcript** (if applicable)
- \_\_\_\_\_ NCMC Course **Schedule** for current or upcoming semester
- \_\_\_\_\_ LTBB members contact LTBB's Higher Education Specialist at **231-242-1492** for Michelle Chingwa Scholarship and Michigan Indian Tuition Waiver applications.

### 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**



WOCTEP is funded by the US Department of Education through the NACTEP program. Federal funds contribute to 92% of funding (\$500,666) and tribal support of 8% (\$42,329) for project year 1 (2022)



# Admission Form

Which NCMC program do you intend to take?

- Management (Certificate)
- Business Management (AAS)
- Medical Billing & Coding (Certificate)
- Phlebotomy (COD)

- Medical Assistant (Certificate)
- Computer Information Systems (Certificate)
- Computer Information Systems (AAS)
- Computer Support Specialist (Certificate)

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. NCMC Student ID#: \_\_\_\_\_ 3. Dual Enrolled High School Student, Yes/No \_\_\_\_\_
4. Name \_\_\_\_\_  

Last (legal)	First (legal)	Middle (legal)	Other Names Used
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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, and Course Materials if purchased through the bookstore, financial assistance checks will be mailed directly to North Central Michigan 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 NCMC'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 NCMC Business Office in regard to my WOCTEP financial assistance status and my student account/billing status at NCMC.
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:**    /    /

**NCMC Student ID number-** \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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



