

Student Application

STODERT WAIVIE:					
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.					
Michelle Chingwa Scholarship and Michigan Indian Tuition Waiver applications.					

Please return application to:

STLIDENT NAME:

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

By email:

WOCTEP@LTBBODAWA-NSN.GOV

Please contact WOCTEP at

231.242.1494









Admission Form

Which NCMC program do you intend to take?

VVI	nich NCIVIC program do you intend to	taker				
Business Management (AAS) Medical Billing & Coding (Certificate) Medical Assistant Bundle (FT – Certificate) Phlebotomy Technician (FT – Certificate) Comput			Automotive Rep Computer Inforr Computer Inforr	n (FT – Certificate of Completion) air Technician (FT - Certificate) mation Systems (Certificate) mation Systems (AAS) ort Specialist (Certificate) Program)*		
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/NoTribal Affiliation (if known) Tribal ID # (if applicable) 					
2.	NCMC Student ID#: 3.	Dual Enrolled H	igh School Stude	nt, Yes/No		
4.	Name					
	Last (legal) First (legal)	Middle	(legal)	Other Names Used		
5.	Street Address (and Mailing if different)					
6.	CityStat	eZip	C	ounty		
7.	Phone 7. Do you want to closures, etc.? Yes/No	eceive importar	t limited text me	essages regarding deadlines, office	!	
8.	Email Address			_ 9. Date of Birth		
10.	MaleFemaleOther		11. Veteran/ <i>I</i>	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/N	10				
15.	How did you hear about WOCTEP?					
16.	Name of Employer(s):	Emţ	oloyer Phone Nur	mber:		
Dep	se initial: I Give Permission to the LTBB Education I Give Permission to the LTBB Education I Government and Tribal Enterpolisions information with other LTBB Grant programs for e	rises for recruiting p	ourposes. I also give p	permission for WOCTEP to share the abov	е	
kno adm	igning below, I certify that all the answers I have giver wledge. I understand that falsification or omission of i ission, or suspension or dismissal from the program if dise for repayment of funds and/or prosecution under the later than the second secon	nformation or cred scovered subsequer	entials may be cau ntly. I also understar	se for; refusal of admission, cancellation that misuse of federal grant funds ma	n of y be	

Signature______Date

application.

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

Income Verification Form

Name:		
	Family Household:	
Number of Children (17 & Younge	er) in Family Household:	
Are you currently employed (circl	e one)? YES or NO If yes, Where?	
Include income from non-taxabl	nonthly or annual sources of income below e sources (child support, FIP/FIA, workers nment benefits (public housing, Medicaid, f	s' comp, SSI, etc.). Do <u>not</u> include
Name of Family Member	Source of Income/Employer	Monthly Average \$
	Total Monthly Income:	\$
Check if you receive mileage allowa	and fill out the ZERO INCOME FORM (included in nce from another source (FIA/DHS, MiWorks!. W	my employer(s), Women's Resource
contained herein. This information and mileage assistance. I also und programs. I understand that falsificatefusal of admission, cancellation of	nmunity College or other organization(s) for the may include (but is not limited to) rate of pay terstand that WOCTEP may share my income ation or omission of relevant financial or employ admission, or suspension from the programment funds may be cause for repayment of fund	, work schedule, financial aid awards e information with other LTBB grant byment information may be cause for n if discovered subsequently and also
<mark>Signature</mark>	D	<mark>ate</mark> //

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):** How do you pay for your rent, mortgage, and utilities? 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. **Signature** 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 <u>within 7</u> <u>business days</u> (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 every semester.
- 10. To conduct myself in a professional manner with WOCTEP and LTBB Niigaandiwin Education staff and to refrain from harassment, intimidation, and offensive or hostile behavior.
- 11. 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 disensollment.

STUDENT SIGNATURE:		DATE://
NCMC Student ID number:	Phone: (
First Name:		_ Middle Initial:
Last Name:		-
Permanent Address:		



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 as listed below. If parents live at the same address, please list them both in #1.

1. WOCTEP (Project Director & Curriculum Coordinator) 2.						
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?						
Permission is being granted for the following:						
Records/Schedules including grades	Financial Aid					
Student Account Balances	X All Information can be shared					
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 Stu	dent's Name (print)					
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



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	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					
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Chefollowing seven boxes. C Corporation S Corporation Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
	single-member LLC	Exempt payee code (if any)				
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partn					
	Note: Check the appropriate box in the line above for the tax classification of the single-member or LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sin is disregarded from the owner should check the appropriate box for the tax classification of its own	Exemption from FATCA reporting code (if any)				
ecif	Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)			
See Spc	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name		and address (optional)			
	6 City, state, and ZIP code					
	7 List account number(s) here (optional)	·				
Par	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 <i>How to get a</i>						
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. Or Employer identification number - - - - - - - - - -						
Par	Certification	<u> </u>				
Unde	penalties of perjury, I certify that:					
 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 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 ar	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.						
Sign Here		Date ►				

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.

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