



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

Please contact WOCTEP at
231.242.1494



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)
 - Medical Assistant Bundle (FT – Certificate)
 - Phlebotomy Technician (FT – Certificate)
 - HVAC Technician (FT – Certificate of Completion)
 - Automotive Repair Technician (FT - Certificate)
 - Computer Information Systems (Certificate)
 - Computer Information Systems (AAS)
 - Computer Support Specialist (Certificate)
- *FT – (Fast Track 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/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

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 \$
Total Monthly Income:		\$

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):

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 **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 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 disenrollment.**

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. <u>WOCTEP (Project Director & Curriculum Coordinator)</u>	2. _____
Name(s)	Name(s)
<u>7500 Odawa Circle</u>	_____
Address	Address
<u>Harbor Springs, MI 49740</u>	_____
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
- 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** _____ **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

