



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?

- | | |
|---|--|
| <input type="checkbox"/> <u>Management (Certificate)</u> | <input type="checkbox"/> <u>HVAC Technician (FT – Certificate of Completion)</u> |
| <input type="checkbox"/> <u>Business Management (AAS)</u> | <input type="checkbox"/> <u>Automotive Repair Technician (FT - Certificate)</u> |
| <input type="checkbox"/> <u>Medical Billing & Coding (Certificate)</u> | <input type="checkbox"/> <u>Computer Information Systems (Certificate)</u> |
| <input type="checkbox"/> <u>Medical Assistant Bundle (FT – Certificate)</u> | <input type="checkbox"/> <u>Computer Information Systems (AAS)</u> |
| <input type="checkbox"/> <u>Phlebotomy Technician (FT – Certificate)</u> | |

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. That I must complete the Fast Track modules & program 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 NCMC.
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

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) <u>7500 Odawa Circle</u>	Name(s) _____
Address <u>Harbor Springs, MI 49740</u>	Address _____
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:

- | | |
|---|---|
| <input type="checkbox"/> Records/Schedules including grades | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Student Account Balances | <input checked="" type="checkbox"/> 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 #
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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

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

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

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: 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 not 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) ►	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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)	

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.

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 for Part II, later.

Sign Here	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.

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.