



Adult Vocational Training Application

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Wellpinit, WA 99040

6195 Ford-Wellpinit Rd

Wellpinit, WA 99040

www.spokanetribe.com/education

Student & Family Information

Name (Last, M, First):		Social security # <small>(required)</small> :	
Other/Previous Last names(s) used <small>if any</small> <u>maiden name</u> :		Date of birth:	
Phone: <small>(required)</small>	Alternate Phone: <small>(required)</small>	Gender:	
Physical address: <small>(required)</small>		Mailing address: this address is where all official Education documents will be sent to <small>(required)</small>	
Email <small>(required)</small> this email is where all unofficial Education documents will be sent to and will occasionally be used to correspond with student			
Registered for Selective Service: Yes <input type="checkbox"/> No <input type="checkbox"/> Males 18-25 are required to sign up for the SS. Applicants who check no will be denied.	Veteran: <small>check one</small> Yes <input type="checkbox"/> No <input type="checkbox"/> Dates of Military Service:	Marital Status: <small>(married, single, divorced)</small> Dependents? <small>check one</small> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tribal Affiliation <small>(name of tribe)</small>	Enrollment #	Please attach a copy of your Tribal Identification Card or Certificate of Indian Blood (CIB)	
Do you currently receive assistance from another 477-TANF program? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unsure <input type="checkbox"/> Programs: _____ _____			
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: (If yes, please fill out attached EVF)	Anticipated employment while in school Part time <input type="checkbox"/> Full time <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/>	If new student or have not been in the program for two school years please attach a letter of intent stating your educational goals and how you plan to use those goals once they are attained.	

Academic Information		
High School	GED	Documents Needed
Name & graduation date:	Name & graduation date:	Please attach copy of High School Diploma or Certificate of GED
College		
Training Program planning to attend 2019-2020 SY:		Anticipated Graduation date & anticipated degree upon graduation from this school:
Mailing & Physical address of program planning to attend:		Phone number of program:
Type of Program Enrolled in:	Student Status funding is being requested for 2020-2021 School Year as: <i>please check one</i> Short-Term (Less than 10 months) <input type="checkbox"/> Long-Term (10 months or more) <input type="checkbox"/>	Degree/Certificate sought to be achieved at end of 2020-2021 school year: AA/AAS (2 year) Certificate
Please provide a copy of program Invoice (Tuition), Program Information, and Dates of Attendance.		
Have you ever received AVT assistance in the past? <i>check one</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
When?		
Previous College Attended:	Address:	Date & Degree if received:
Previous Certificate:	Address:	Date & Type of Certificate if received:

Documents Needed Checklist	
New Students	
	Copy of 2020-2021 Student Aid Report (SAR) from FAFSA website
	Copy of Tribal Identification Card or Certificate of Indian Blood
	Copy of Social Security Card
	Copy of High School Diploma or Certificate of GED
	Letter of Intent outlining educational goals and what you plan to do with those goals once attained
	Copy of College Acceptance Letter
	Upcoming Class Registration for Quarter/Semester planning to attend (please turn in at least two weeks prior to the start of Quarter/Semester)
	Employment Verification Form (EVF) (if employed during school year, see attached form)
Returning Students	
	Copy of 2020-2021 Student Aid Report (SAR) from FAFSA website
	Copy of most recent College Transcript
	Documentation of application for Two Outside Scholarships
	Upcoming Class Registration for Quarter/Semester planning to attend (please turn in at least two weeks prior to the start of quarter/semester)
	Employment Verification Form (EVF) (if employed during school year, see attached form)
Adult Vocational Training (AVT) Students	
	Copy of 2020-2021 Student Aid Report (SAR) from FAFSA website (if required by institution planning to attend)
	Copy of Tribal Identification Card or Certificate of Indian Blood
	Copy of Social Security Card
	Program information & proof of enrollment in vocational school program
	Invoice on official business letterhead: <ul style="list-style-type: none"> • Dates of class/attendance; certificate or license to be received on completion • Breakdown of costs for tuition, book, and supplies
	Copy of Upcoming class registration

Statement of Education Purpose

I declare that I will use any funds I receive under the Higher Education Program within the Spokane Tribe Education Department solely for expenses associated with attendance at :

Name of Education Institution attending **2020-2021 School Year** (please write in below):

Student Identification Number (SID): _____

Student name, printed: _____

Student Signature: _____ Date: _____

Privacy Act

This information is provided to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any BIA grant awarded to me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Higher Education Office at the end of each academic term.

Student first and last name, please print

Student signature

Date

Student Agreement

Initials	Agreement Clause
	I agree to maintain a <u>minimum GPA of 2.0</u> in both <u>term</u> and <u>cumulative GPA</u> while simultaneously carrying a minimum credit load of twelve (12) credits as a full-time student. As a part-time or Grad student, I agree to maintain a <i>minimum</i> GPA of 2.0. Should my program require a different GPA, I agree to maintain that of my program requirements. For long-term (AA/AAS) AVT program.
	If I am a certificate or license program I agree to maintain passing status at all times and complete mandatory hours required for my program.
	I will make necessary reports regarding my progress and furnish any other information requested, including intent to transfer or withdraw. Intent to transfer must be given to the Education Program Manager (EPM) at least sixty (60) days in advance of transfer. Intent to withdraw must be given by your schools 100% refund withdrawal date or you will be placed in payback.
	I understand that if I withdraw from school, for any reasons, before the end of the term/quarter/semester, I am to refund to the Spokane Tribe Education Program all monetary awards disbursed/advanced to me during that term/quarter/semester before I qualify for any further awards.
	Additionally, I understand that should I withdraw from classes mid-term that I am to reimburse the program for partial monthly stipend funds that had been issued in good faith that I were to continue courses for the entire month.
	I understand that Spokane Tribe Education funds may cover my education expenses related to tuition after <u>all other grants and scholarships received \$1,000 or greater have first been applied to the cost of tuition</u> . Should I receive any additional outside funding, from sources such as delayed financial aid or scholarships, including MOU scholarships, <i>after</i> Tribal funding has been disbursed, I agree to and understand that I am to reimburse the STOI Education Department for expense paid on my behalf that may have been issued as overpayment. This is applicable only in instances where overpayment on STOI's behalf has happened. The Program Manager will determine if overpayment has happened and notify the student.
	I agree should I owe the STOI Education Department money for overpayment, 0.0 grades, or other items that have placed me into payback, that I authorize the STOI Education Department to withhold any trust income (per capita or settlement) I may have in the future, or take any means necessary for collection, until full credit has been received.

	<p>I fully understand that it is my responsibility upon completion of each academic term to submit my grades within 10 days after receiving final grades and no later than the 30th of the month in which they are received; in addition to providing my next academic term schedule.</p> <p>I understand a delay in providing these documents will delay my education funding, including tuition payment, being sent on my behalf to my Educational Institution.</p>
	<p>I understand as a continuing student that I am required to submit a <u>new application</u> for each academic year that I wish to seek funding for.</p>
	<p>I understand that the deadlines are as follows: **30 days before the start of program planning to enroll</p> <p>I understand that there are no exceptions to the deadlines.</p>
	<p>I am signing in agreement that I have received the new 2020-2021 Education application and a copy of the policies and procedures from the Education Department.</p>
	<p>I have read the Spokane Tribe of Indians Education Department Policies and Procedures manual and agree to abide by all Policies & Procedures set forth in order to remain eligible for Higher Education assistance through the Spokane Tribe Education Department.</p>

 Student name, please print

 Date

 Student Signature

 Dat

Release of information

Under the Federal Privacy Act of 1974, Federal Agencies cannot release your personal information without your authorization and the Spokane Tribe Education Department is subject to these restrictions.

Restrictions without signature include: access to financial aid information, student file at your educational institution, etc.

To release those restrictions, I have signed and consented to this release of information that will allow the Education Department staff to explore alternative sources of assistance that may aid in the individual student. I understand that my application and records will be kept confidential.

I have read and understand that the above statement regarding my Privacy Rights and the purposes for which information about me will be used by the Spokane Tribe Education Department staff.

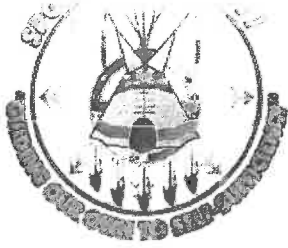
I authorize the release of information about myself and my educational background to the Spokane Tribe Education Department staff to help me secure financial assistance.

Student first and last name, please print

Student Identification #

Student signature

Date



SPOKANE TRIBAL 477

VERIFICATION OF EMPLOYMENT

Wellpinit Office: 6195 Ford Wellpinit Rd, Wellpinit, WA. 99040 Phone: (509) 458-8000 Fax: (509) 458-817	Spokane Office: 232 E. Lyons Ave. Spokane, WA. 99208 Phone: (509) 533-1360 Fax: (509) 533-0699
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EMPLOYEE INFORMATION

***Must be completed and signed by client**

First Name	MI	Last Name		
Address		City	State	Zip Code
Social Security Number		Date of Birth	Phone Number	
I certify that all information I provided is true and correct. I also give permission to my employer to release all of my employment information to the Spokane Tribal 477 Program in order to determine eligibility for assistance.				
Signature		Date	Return to (Site):	Return to (Staff):

EMPLOYER INFORMATION

***Must be completed by authorized staff of employer**

Employer/Company Name		Phone Number	Fax Number					
Mailing Address		City	State	Zip Code				
Physical Address		City	State	Zip Code				
Immediate Supervisor			Supervisor's Job Title					
Applicant's Job Title		Starting Date	<input type="checkbox"/> Part Time	Hours Per Week	Days Per Week			
Hourly Salary		Bi-Weekly Salary	Monthly Salary	Date 1 st Paycheck	Date 1 st Full Paycheck			
Work Days (Circle)		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- Yes No
- Is this a seasonal/temporary job? If Yes, what is the scheduled End Date? _____
- Is this a permanent job? If No, please describe _____
- Do you require special work clothes? If Yes, list type of clothes _____
- _____
- Do you require special tools? If Yes, list type of tools _____
- _____

CERTIFICATION

I certify that the information in this form is accurate and true.

Employer Signature

Date