



WOCTEP, a program under the Education Department of the Little Traverse Bay Bands of Odawa Indians, offers career-based and Technical Education Opportunities in partnership with North Central Michigan College.

File Checklist for Student Assistance

STUDENT: _____

WOCTEP FORMS (to be maintained in student's financial assistance file):

- _____ Student Assistance Payment Form (included in this packet)
- _____ Income Verification Form (included in this packet)
- _____ Zero Income Form (Only fill out if your household has zero income)
- _____ Copy of SAR (**Student Aid Report**) from FAFSA www.fafsa.ed.gov
(We do not accept the confirmation page or an incomplete SAR)
- _____ W-9 form (**Not for tax Purposes- Office use only**)
- _____ Please include a copy of your current or upcoming **NCMC** schedule.



WOCTEP is made possible through a US Department of Education NACTEP grant. Federal funds provide 83% (\$386,424) of project costs. Non-federal funds provide 17%, (\$77,579) of total project costs. Total costs to operate WOCTEP are \$464,003.

Waganakising Odawa Career and Technical Education Program Student Assistance Payments

Introduction

The Waganakising Odawa Career and Technical Education Program (WOCTEP) is funded through a grant from the Native American Career and Technical Education Program (NACTEP), which is administered by the United States Department of Education. The WOCTEP itself is operated by the Little Traverse Bay Bands of Odawa Indians and credit is offered through North Central Michigan College (NCMC).

The NACTEP grant allows for assistance payments to students under certain conditions. This document is a summary of the student-assistance portion of the NACTEP grant. Questions may be directed to Tina Dominic, Project Director, (231) 242-1489.

General Qualifications for Assistance

- ✓ You must maintain a minimum, cumulative grade point average (GPA) of 2.00 for all WOCTEP courses.
- ✓ You must maintain adequate attendance in all WOCTEP courses. Assistance payments will be suspended if attendance requirements are not met. Payments will be resumed after missed periods are made up.
- ✓ You must agree to and abide by all published requirements of NCMC and WOCTEP.
- ✓ Your successful participation in WOCTEP must depend, in part, on the receipt of these direct assistance payments.

Types of Assistance Available

- ✓ **Stipend** for attending WOCTEP class and clinical sessions—the current stipend amount is \$9.25 for each hour of attendance.
- ✓ **Transportation assistance** for attending WOCTEP class and clinical sessions—the current mileage rate is \$0.575, paid on a round-trip basis.
- ✓ **Day-care assistance** for the time spent attending WOCTEP class and clinical sessions—the current rate is \$2.50 (under 2 years \$3.75) per class/lab hour for each child placed in daycare. A \$2.50 flat payment is added to cover transportation time.

Specific Qualifications for Assistance

- ✓ **Stipend**
 1. Students must complete an **Income Verification Form** and submit a **SAR**. In order to qualify for a stipend, the student and all members of the student's family residing at the same address must demonstrate "an acute economic need". Please see the WOCTEP Project Director for information about the actual income guidelines.
 2. Students must record In and Out times on a class attendance sheet on the day class or lab is attended. No payment will be made if accurate In and Out times are not recorded on the day of attendance.
 3. By participation in the Student Assistance Payment program, students agree to the monitoring of their class time by WOCTEP or NCMC instructors.

Waganakising Odawa Career and Technical Education Program Student Assistance Payments

✓ Transportation assistance

1. Students must record actual, round-trip mileage on a class attendance sheet on the day class is attended. No credit will be received for sheets filled out after the end of each class session. **If you have more than one class per day, be careful that you do not count the same miles for each class.**

Students must also record In/Out times on a class attendance sheet on the day class is attended.

2. **Only one student may claim mileage in the event that students ride together.**
3. **Mileage to/from home cannot be claimed when class time overlaps with or is adjacent to scheduled work hours.**
4. Students must not be eligible for transportation payments under any other assistance program.

✓ Day-care assistance

1. **Only one student may claim day-care assistance in the event that more than one parent or guardian is taking the same WOCTEP course.**
2. **The care-provider may not be the child's parent or legal guardian.**
3. Students must **fully complete the attendance sheet** and turn it in no more than 3 class days following the end of each two-week cycle. The student must **attach copies of day-care receipts from each day-care provider** showing the name of each child, the dates and times of care, and the name, address, and phone number of the day-care provider.
4. Students must not be eligible for day-care payments under any other assistance program.

Payment

- ✓ Students on stipend and mileage will be paid every 2 weeks.

Student Acknowledgement

I understand and agree to abide by all terms listed herein. **I also authorize the WOCTEP program to obtain information from my employer(s) for the purpose of verifying my compliance with these terms. This information may include (but is not limited to) rate of pay and work schedule.**

Signed Name

Printed Name

Date

You will receive a photocopy of this form for your records

Waganakising Odawa Career and Technical Education Program Income Verification Form

Student's Name: _____

Address: _____

Daytime Phone Number: _____

Number of Adults (18 & Older) in Family Household: _____

Number of Children (17 & Younger) in Family Household: _____

Table 1- Current Monthly & Weekly Income

List all Sources of Income 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.) Multiply weekly amounts by 4.33 to obtain monthly amount.

Income Type/Source	Monthly Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Current Monthly Income	_____

Table 2 – Estimated Annual Income

List all family income that is received less frequently than monthly.

Income Type/Source	Annual Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total Monthly Income (from Table 1) x 12 months	_____
Estimated Annual Income	_____

- Check if you receive mileage allowance from another source (e.g., FIA/DHS, MiWorks!, Women's Resource Center, etc.)
- Check if you receive childcare assistance from another source (e.g., FIA/DHS, MiWorks!, Women's Resource Center, etc.)
- Check if you are requesting childcare assistance; please provide a denial letter from FIA/DHS or LTBB Human Services.

I authorize the WOCTEP program to obtain information from my employer(s), MiWorks!, Women's Resource Center, FIA/DHS, NCMC 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, mileage and/or childcare assistance.

Signature _____

Date _____

**Waganakising Odawa Career and Technical Education Program
"ZERO" INCOME VERIFICATION FORM**

On your application, if you indicated that you or a member of your household has no income, please check that which applies:

- My situation has not changed. I am still claiming no income.

- Yes, my situation has changed.
Please explain _____

- I have obtained employment.
Please list employer, telephone number and start date:

- I have worked odd jobs for cash.
Please list:
Source(s) _____
Amount(s) _____

Please answer the following:

If you have utility bills, how do you pay for them?

How do you pay your rent/mortgage?

◆ I hereby certify that the information provided above is true and correct to the best of my knowledge.

◆ I understand that providing false or incorrect information to obtain benefits could result in action taken to collect repayment of funds and could deem my household and me ineligible for other programs.

Signature

Date

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										

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 on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.