



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.

Waganakising Odawa Career and Technical Education Program Student Application Checklist

STUDENT NAME: _____

REQUIRED FORMS (maintained in student's file):

- _____ WOCTEP New Student Application for Admission
- _____ Copy of Tribal ID (if applicable)
- _____ Student Rules & Responsibilities Agreement
- _____ Copy of your Unofficial Transcript (from your NCMC portal)
- _____ NCMC schedule(s) for current and upcoming semester
- _____ NCMC ADD Program Form
- _____ Authorization of Non-Directory Information Disclosure Form

In addition to submitting the forms listed above, you will need to do the following.

1. Please note that all 7 WOCTEP Certificates are offered through North Central Michigan College (NCMC). Contact NCMC Student Services at **231-348-6605** to schedule an appointment for advising and orientation. Complete the ONLINE North Central Michigan College application for New Students at www.ncmich.edu and register for the Student Portal.
2. All costs associated with your WOCTEP courses will be charged to your NCMC student account, accessible on your NCMC portal account. Secure Federal Financial Aid, Scholarships or other resources to cover your tuition, fees and book expenses.
3. Complete your free application for FAFSA (Free Application for Federal Student Aid) online at www.fafsa.ed.gov.
4. Financial Aid questions can also be answered by Melissa Colby at NCMC's Financial Aid Office at NCMC (231-348-6627).
5. LTBB Students should contact LTBB Higher Education Specialist (231-242-1492) to complete tribal scholarship and tuition waiver applications.
6. Complete COMPASS test at NCMC, or submit ACT score or college transcript to NCMC, if you have not previously been an NCMC student.
7. Medical Programs: NCMC requires a criminal background check before a clinical rotation is assigned.

Need-based student financial assistance including student hourly stipend, childcare assistance and mileage assistance is available to qualifying students. For more information, please contact the WOCTEP office. Also please ask about financial aid for books, graduation audits, or testing fees.

Mary Gasco	WOCTEP Advisor: Health	242-1484
Sean Kutzler	WOCTEP Advisor: Business-Technology	242-1493
Kim Gabrick	Administrative Assistant	242-1494
Tina Dominic	Project Director	242-1489



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.



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Waganakising Odawa Career and Technical Education Program Application for Admission

Instructions: Please print in ink or type the information on this application/registration form. Use your legal name.

Complete all sections that are highlighted

Note: this form must be signed and returned to be registered for the program. Mail this form to:
WOCTEP - LTBB Education Dept, 7500 Odawa Circle, Harbor Springs, MI, 49740

Program: I would like to enroll in the following Program:

Medical Assistant___ Certified Nurse Aid___ Phlebotomy___ Medical Billing/Coding___

Business of Art___ New Media___ Graphic Arts___ CNC___

Semester Admission Requested: _____ NCMC Student ID#: _____

1. Social Security # _____ Tribal Enrollment # _____ Tribe _____
(if applicable) (if not LTBB)

2. Name _____
Last (legal) First (legal) Middle (legal) Other Names Used

3. Permanent Mailing Address _____

4. City _____ State _____ Zip _____ County _____

5. Evening Phone _____ 6. Daytime Phone _____ 7. Cell _____

8. E- Mail _____ 9. Date of Birth _____ 10. ___ Male ___ Female

11. How did you hear about WOCTEP? _____

12. Name of Emergency Contact _____

Evening Phone _____ Other Phone _____

____ (please initial) I Give Permission to the LTBB Education Department to share this information with the Human Resources Departments of both the Tribal Government and Tribal Enterprises for recruiting purposes.

By my signature, 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 I have a continuing obligation to notify the Program Director of a change in my circumstances that would have resulted in a different response to the above questions. Failure to update the Program Director about said changes in circumstances may result in the same sanctions as apply to misrepresentation of the facts originally stated in the application. If admitted, I agree to become knowledgeable about the rules and regulations of the WOCTEP Program and abide by them.

Signed Name _____

Date _____



Waganakising Odawa Career and Technical Education Program Student Questionnaire

Date: _____

Please answer the following questions:

Have you received any specialized training? If so, in what trade or skill?

What are your educational goals?

What are your job-related goals?

Please list any other educational needs or concerns:



Student Rules & Responsibilities

In consideration of taking courses through the WOCTEP and in receiving academic credit through North Central Michigan College (NCMC), I agree to the following terms:

- I will accept the financial responsibility for any balance on my student account that is not covered by financial aid or scholarships.
- I will abide by all published rules and policies pertaining to the use of the facilities at locations where I take my WOCTEP courses.
- I will abide by all rules and policies published by WOCTEP
- I will keep my instructor(s) informed of any barriers to the successful completion of my WOCTEP courses.
- I understand that I must notify my instructor or my WOCTEP advisor in writing and on the appropriate form if I do decide to withdraw. Furthermore, I understand that ceasing my attendance of WOCTEP courses does not constitute notice of my intention to withdraw.
- I agree to remain enrolled in the courses until my certificate is completed.
- I agree to share my grades with WOCTEP. Grades must be submitted upon completion of course(s).
- I agree to let WOCTEP publish my name in conjunction with the successful completion of one or more WOCTEP courses or certificates. (If I do not wish my name published I will strike out the preceding sentence and confirm my desire by initialing next to the struck-out sentence.)

Special terms:

Education Department: the Little Traverse Bay Bands of Odawa Indians Education Department

WOCTEP: the Waganakising Odawa Career and Technical Education Program housed within the LTBB Education Department

I agree to abide by the “Student Rules and Responsibilities” and to adhere to the “Classroom Policies and Procedures” which have been developed for the WOCTEP Program through the Education Department.

Student Signature

Date

Printed name



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

1. _____	2. _____
Name(s)	Name(s)
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip

If person(s) named above are not your parent(s), how are they related to you?

The released reports will be used for the purpose of:

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

Additional Program Code/Catalog Year Form

Please Print

Student Name: _____

First

MI

Last

Student I.D #: _____

Add'l Program Code: _____

Catalog Year: _____

Additional Goal to:

1. Earn Second or more Certificate or Associate degree(s)
2. Transfer with North Central Michigan College degree
3. Transfer without North Central Michigan College degree
4. Personal Development only-not financial aid eligible

Student's Signature: _____

Return this form to Student Services