

Little Traverse Bay Bands of Odawa Indians
Education Department
Adult Education Application
Check-Off Sheet

Required documents:

- _____ A copy of your Tribal Identification Card
- _____ A completed Little Traverse Bay Bands of Odawa Indians Adult Education Application form
- _____ A completed and signed copy of your registration from the respective GED, Adult Education, or High School completion program
- _____ Written statement of book and/or material needs
- _____ Written estimate of mileage costs to attend class
- _____ Written estimate of child care needs
- ❖ **Completed Adult Education Program Child Care form and Adult Education Mileage form is to be turned into the Education Department bi-weekly**
- ❖ **Please note that an authorized GED prep course is required before GED testing will be authorized for payment**

Little Traverse Bay Bands of Odawa Indians
Education Department
Adult Education Application

Date: _____

Tribal Enrollment # _____

Social Security # _____

Name: Last

First

Middle

Program: GED courses and testing ____ High School Diploma/Alt. Edu. ____

Tutoring. ____

Permanent Address:

Number of Minor Dependents: _____

Street: _____

City, State, Zip Code: _____

Phone Number: _____ Work Phone: _____

Last School Attended: _____

Last Grade Attempted: _____ Last Grade Complete: _____

Educational Institute (GED program, Adult Edu., or High School completion program)

Name: _____

Address: _____

Street

City

State

Zip Code

Phone Number: _____ Name of Contact: _____

Are you in need of child care while attending class? Yes or No

Will you need mileage reimbursement while commuting to class?
Yes or No

Little Traverse Bay Bands of Odawa Indians
Education Department
Adult Education Application

Name: _____

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 check which area of Adult Education you are interested in:

- Assistance with basic reading and writing and/or tutoring
 Completion of High School diploma
 Preparation and testing for GED

Please list any other educational needs or concerns:

Student Statement of Certification – Important Read Carefully

I declare that the information given by me on this form is true, correct, and complete to the best of my knowledge. If I am granted assistance, I will use it only for educational expense purposes and agree that this information may be shared with the Tribe. I understand I am required to pay back any portion of the scholarship I receive, if I fail to enroll, I withdraw, or I am expelled before the completion of the program.

Signature: _____ Date: _____

Little Traverse Bay Bands of Odawa Indians
Education Department
Adult Education Program
RELEASE OF INFORMATION

Students Printed Name

Social Security Number

Special terms that apply:

Education Department means the Education Department of Little Traverse Bay Bands of Odawa Indians.

Transcripts mean an official copy of the student's courses, grades, and grade point average to date of the request.

Tribe means the Little Traverse Bay Bands of Odawa Indians or the Waganakising Odawa.

Special Achievements means events worthy of certificates, publications such as a dissertation or thesis, Dean's List or other lists of academic achievements, and employment after graduation.

Press release means any form of public notification i.e. Odawa Trails Newsletter, annual tribal meeting, bulletin boards, and World Wide Web.

Authorization:

I authorize the Director or staff of any education program I enroll in to notify the Tribe of my enrollment status in an educational program or course, release transcripts, test scores, and program outcomes such as the certification I obtain. I also agree to allow the Education Department to verify any and all documentation that I provide as requested through the funding process, this includes obtaining written proof of my Tribal enrollment status. I also authorize the Education Department to make press releases on my behalf regarding special achievements, graduations, and any other event I may want published. This authorization is made with the understanding that the information will be used, with the exception of press releases, for processing my adult education application, for data collection, and reporting requirements as established by the Tribe.

Signature

Date

Little Traverse Bay Bands of Odawa Indians
Education Department
Adult Education Program Child Care Assistance

Student Name: _____

Child(ren)'s Name(s): _____

Child(ren)'s Soc. Sec. #: _____

Child Care Provider's Name: _____

Child Care Provider's Address: _____

Child Care Provider's Phone #: _____

Please use a blue or black pen to complete this form		Child 1		Child 2		Child 3		Child 4	
Day/Date		Time In	Time Out	Time In	Time Out	Time In	Time Out	Time In	Time Out
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

I have attached a copy of the receipt(s)/written statement for child care used in order to attend class.

- I certify that the above information is correct and request payment for the hours of child care used.
- I understand that I can only count those hours that parent is in qualified adult education program plus travel time.
- I understand that I can only count those hours that my children are in child care with my approved provider.
- I understand that I am responsible for the portion of child care that is not paid for by the Adult Education Child Care Assistance Program.
- I understand the Tribe reserves the right to prosecute for any form of fraud or misrepresentation in receipt of benefits
- I understand that timesheets turned into the Education Department that are found to be incomplete will not be paid until all information is obtained.
- I understand that I am required to turn in (together) both the childcare assistance form and the mileage reimbursement form within 10 days of the last date recorded for reimbursement.

Student Signature

Date

Child Care Provider Signature

Date

Little Traverse Bay Bands of Odawa Indians
Education Department
Adult Education Program Attendance Form

Student Name: _____

GED Prep Location: _____

Start and End Date of Period _____

Instructor(s) Name(s): _____

Date	Time In	Time Out

- I certify that the above information is correct
- I understand the Tribe reserves the right to prosecute for any form of fraud or misrepresentation in receipt of benefits
- I understand that timesheets turned into the Education Department that are found to be incomplete will not be accepted for authorization of benefits (i.e. childcare or mileage reimbursement) until all information is obtained.
- I understand that I am required to turn in (together) both the childcare assistance form and the mileage reimbursement form along with the attendance log, within 10 days of the last date recorded for reimbursement.

Student Signature

Date

GED Prep Facilitator

Date

Adult Education Mileage Log and Reimbursement Form

Student Name	<input type="text"/>	Rate Per Mile	0.555
Student Tribal ID	<input type="text"/>	Beginning/End Date	<input type="text"/>
		Total Reimbursement	<input type="text"/>

Date	Starting Location	Destination	Description/Notes	Odometer Start	Odometer End	Mileage
Totals						