



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
- _____ Income Verification Form
- _____ W-9 Form (Not for tax purposes- office use only)
- _____ Authorization of Non-Directory Information Disclosure Form
- _____ NCMC ADD Program Form
- _____ Copy of your SAR from the FAFSA website
- _____ Copy of Tribal ID (if applicable)
- _____ Copy of your Unofficial Transcript (from your NCMC portal)
- _____ NCMC schedule(s) for current and upcoming semester

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

1. Please note that all 8 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.
2. LTBB Students should contact LTBB Higher Education Specialist (231-242-1492) to complete tribal scholarship and tuition waiver applications.
3. Medical Programs: NCMC requires a criminal background check before a clinical rotation is assigned.

Vacant	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.



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 or fax to 231-242-1490.

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 _____

13. Do you work? _____ Where? (For grant funding purposes only) _____

____ (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 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.

Check here if you have no income. (A zero income form will then be provided.)

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 _____



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