



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.

# Student Application

STUDENT NAME: \_\_\_\_\_

Please complete the following checklist:

\_\_\_\_\_ Call **231-348-6605** a.s.a.p. to schedule your NCMC advising appointment

\_\_\_\_\_ WOCTEP Student Application

- Admission Form
- Income Verification Form
- Zero Income Form (if needed)
- Financial Assistance Agreement
- W-9 Form (Used for non-tax purposes only)
- Authorization of Non-Directory Information Disclosure Form
- NCMC ADD Program Form
- FAQs (for you to keep 😊)

\_\_\_\_\_ Copy of your **Student Aid Report (SAR)** from <https://fafsa.ed.gov/>

\_\_\_\_\_ **Unofficial Transcript** (retrieved from your NCMC student portal)

\_\_\_\_\_ NCMC Course **Schedule(s)** for current and upcoming semester

\_\_\_\_\_ Copy of Tribal ID (if applicable)

\_\_\_\_\_ LTBB members contact LTBB's Higher Education Specialist at **231-242-1492** for Michelle Chingwa Scholarship and Michigan Indian Tuition Waiver applications.

## Please return application to:

WOCTEP/LTBB Education Department  
7500 Odawa Circle  
Harbor Springs, MI, 49740

Fax **231-242-1490**

Email [KGABRICK@LTBBODAWA-NSN.GOV](mailto:KGABRICK@LTBBODAWA-NSN.GOV)

Please contact WOCTEP at **231.242.1494**

**Criminal background checks may be required.**

**I would like to apply for the following needs based financial assistance [X]:**

- Stipend
- Mileage
- Childcare
- Tuition
- Course Materials



WOCTEP is funded by the US Department of Education through the NACTEP program. Federal funds contribute to 78% of funding (\$479,490) and tribal support of 22% (\$61,195) for project year 3 (2016) budget.



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.

# Admission Form

**Instructions:** Please print in ink or type the information on this application/registration form. Use your legal name and please sign and date at the bottom.

Which WOCTEP/North Central programs are you interested in?

Medical Assistant \_\_\_\_\_ Certified Nurse Aid \_\_\_\_\_ Phlebotomy \_\_\_\_\_ Medical Billing/Coding \_\_\_\_\_

Business of Art \_\_\_\_\_ New Media \_\_\_\_\_ Graphic Arts \_\_\_\_\_ CNC \_\_\_\_\_

Please complete the following section:

I am planning to attend the following semester (circle one):    Winter    Summer    Fall

NCMC Student ID#: \_\_\_\_\_

1. Tribal Enrollment #(if applicable) \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

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. Email Address \_\_\_\_\_    9. Date of Birth \_\_\_\_\_    10. \_\_\_ Male \_\_\_ Female

11. How did you hear about WOCTEP? \_\_\_\_\_

12. Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Other Phone \_\_\_\_\_

13. Name of Employer(s): \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

**Please initial** (not required): \_\_\_\_\_ I Give Permission to the LTBB Education Department to share the above information with the Human Resources Departments of both the Tribal Government and Tribal Enterprises for recruiting purposes.

By signing below, 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 misuse of federal grant funds may be cause for repayment of funds and/or prosecution under the law. I also understand that I have a continuing obligation to notify the Project Director of a change in my circumstances that would have resulted in a different response to the above questions. Failure to update the Project 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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Income Verification Form WOCTEP

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

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

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

Are you currently employed (circle one)? YES or NO If yes, Where? \_\_\_\_\_

Which semester are you (re)applying for (circle one): WINTER SUMMER FALL

I. Please list **all** current weekly, monthly or annual sources of income below 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.).

Name of Family Member	Source of Income/Employer	Monthly Average \$
<b>Total Monthly Income:</b>		<b>\$</b>

- Check here if you have **no** income and fill out the ZERO INCOME FORM (included in application packet)
- Check if you receive mileage allowance from another source (FIA/DHS, MiWorks!, Women's Resource Center, etc.)
- Check if you receive childcare assistance from another source (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.

By signing below I authorize the WOCTEP program to obtain information from my employer(s), Women's Resource Center, FIA/DHS, SSA, North Central Michigan College 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. I understand that falsification or omission of relevant financial or employment information may be cause for; refusal of admission, cancellation of admission, or suspension from the program if discovered subsequently and also understand that misuse of federal grant funds may be cause for repayment of funds and/or prosecution under the law.

**Signature** \_\_\_\_\_

**Date** \_\_\_/\_\_\_/\_\_\_

<p><u>This box for office use only:</u>                  Total Currently Monthly Income x12 months= \$ _____                  Processed by: _____ on ___/___/___</p>
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# ZERO INCOME FORM

On your application, if you indicated that your household has zero income, please check **X** to all that applies:

- I am claiming no income.
- I've been laid off or lost my job.
- My spouse has been laid off or lost his/her job.
- I have applied for unemployment.
- Nobody in my household is employed.
- My situation has not changed since last semester (still no income).

**Explanation of above situation(s):**

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**How do you pay for your rent, mortgage, and utilities?**

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By signing below, I certify that the above information is complete and accurate to the best of my knowledge. I also understand that providing false information or failing to report income to obtain benefits could result in one or more of the following scenarios; action taken to collect repayment of grant funds, investigation, permanent dismissal of WOCTEP enrollment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# WOCTEP FINANCIAL ASSISTANCE AGREEMENT

1. I understand that if I qualify for WOCTEP assistance under WOCTEP income guidelines, financial assistance is for approved WOCTEP courses only (repeated courses generally are not eligible for assistance).
2. I understand that federal and non-federal awards (including Pell Grant and scholarship awards) must be applied to student account before WOCTEP will process tuition and course material assistance.
3. I understand that I must maintain a minimum of 2.0 GPA to maintain WOCTEP financial assistance eligibility.
4. I understand that required course materials (textbooks & supplies) must be charged to my NCMC student account (unless otherwise specified) and that WOCTEP Tuition & Course Material financial assistance checks will be mailed directly to North Central Michigan College.
5. I agree to report all schedule and employment, household & income changes in writing to WOCTEP **within 7 business days** (email notification or postmarked letter notification).
6. I understand that upon dropping WOCTEP tuition assisted course (s), refunds will be returned to the Little Traverse Bay Bands of Odawa Indians.
7. I understand that if I withdraw or drop WOCTEP courses after NCMC's tuition refund period, I will not be eligible for WOCTEP tuition assistance until I successfully (2.0GPA or higher) complete one semester at NCMC.
8. I understand that it is my responsibility to follow up with WOCTEP staff and the NCMC Business office in regard to my WOCTEP financial assistance status and my student account/billing status at NCMC.
9. I understand that discovery of falsification or omission of information, forgery of grant documents, or fraudulent use of grant funds, may be grounds for investigation and could lead to: cause of action to retrieve misused funds, prosecution under the law, and program disenrollment.

**STUDENT SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

NCMC Student ID number- \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last 4 digits of Social Security #xxx-xx- \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Phone : (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

## PLEASE MAIL REFUND TO:

WOCTEP/LTBB

7500 Odawa Circle

Harbor Springs, MI 49740

WOCTEP Office use only

Processed by: \_\_\_\_\_

This Form should be faxed to Heather Dow at  
NCMC Business at fax 231. 348.6803

Rev. 3/9/2016

KLD

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																																															
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 <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="7"></td> </tr> </table>	<b>Social security number</b>																							-				-				<b>Employer identification number</b>																							-							
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<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																																																															

<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### 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](http://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.



### 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

# FAQs

**Q: Why did my classmate qualify for stipend and mileage assistance and I only qualified for mileage assistance?**

**A:** WOCTEP financial assistance eligibility is determined by using **two** federal poverty guideline levels (100% & 350%). Both guidelines take into account your household size and household income for **all** family members. Household income can be very different for each student.

1. Stipend eligibility is based off of the **100% level** of the federal poverty guidelines.
2. Mileage, Tuition, Textbooks and Course Materials are based off of the **350% level** of the poverty guidelines.

**Q: I qualified for stipend and mileage assistance so why didn't I qualify for textbook or tuition reimbursement?**

**A:** Other financial aid awards (including federal or non-federal awards) may have already covered your tuition and textbooks, or you may have a refund available on your student account which means that your financial awards have already covered the cost of your educational expenses.

**Q: Why did I qualify for stipend and mileage last semester, but I did not qualify this semester?**

**A:** WOCTEP requires each student to verify income **each semester**. If your household income has changed, it can affect your eligibility.

**Q: I submitted my stipend and mileage log forms on time but WOCTEP did not pay me for the first 4 weeks of class, why?**

**A:** Your WOCTEP financial assistance is effective the date you are (re)approved each semester. Students, who do not submit income verification paperwork on time, will **not** be eligible for assistance for that time period.