



Little Traverse Bay Bands of Odawa Indians
 Education Department
 7500 Odawa Circle,
 Harbor Springs, MI, 49740



Adult Vocational Training Program Overview

Program Guidelines:

- Provides assistance toward the completion of a certificate or license granted, that leads to an industry recognized credential. The award shall not exceed a \$1500 lifetime maximum.
- Provides assistance with direct expenses only (i.e. tuition, books, fees, supplies, etc.) and shall be paid to the institution or vendor directly.
- Assistance is available to tribal citizens on a first come first serve basis until funds for the year are exhausted.
- Shall not be combined with the Michelle Chingwa Education Assistance Scholarship for the same program of study.

Applications must include the following:

Completed LTBB Adult Vocational Training Scholarship
Copy of tribal citizenship card
Release of Information form
Certificate of Agreement
Copy of current class schedule/ proof of enrollment
Copy of program information from institution including program length, cost of attendance and supplies needed (i.e. brochure, website).
Copy of fee schedule and invoice to be paid
Completed W9 form(s) for institution

Applications must be submitted to the Little Traverse Bay Bands of Odawa Indians' Education Department by the school or institution. Submissions made by the student will NOT be accepted.



**Little Traverse Bay Bands of Odawa
Indians**
Education Department
7500 Odawa Circle, Harbor Springs, MI, 49740
P: (231) 242-1480 F: (231) 242-1490



Adult Vocational Training Application

Applicant Information:

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Tribal Enroll #: _____

Phone: _____ Email _____

Check to OPT OUT of LTBB Higher Education Updates. Standard data and message rates apply.

Program Information:

Institution: _____ Program Type: _____
 Address: _____ City: _____
 State: _____ ZIP Code: _____ Program Length: _____

Expected Program Start Date: _____ Expected Program Completion Date: _____
 Total Program Cost: \$ _____ ***May qualify for Completion Merit Scholarship**

Anticipated Student Resources:

Please list any resources used to pay for program expenses:

Student Contribution: \$ _____
 Other: \$ _____ **Total Student Resources: \$ _____**
 Other: \$ _____
 Other: \$ _____

Certificate of Agreement:

Certificate of Agreement means a written agreement between a grant recipient and the Education Department of the Little Traverse Bay Bands of Odawa Indians describing conditions of agreement including requirements and how a recipient pays back grants when the recipient does not meet program criteria.

Conditions of Agreement:

Students: Complete Pgs 1-2, submit ALL PAGES to Financial Aid Office or Institution Official

1. You must apply for the Michigan Indian Tuition Waiver if you are attending an institution that accepts the waiver. You must also apply for any other financial aid available including the FAFSA if applicable. Proof of application may be requested.
2. You are required to pay back any portion of a scholarship you receive if you fail to enroll, withdraw or are expelled before the completion of a term or training period.
3. Within ten days of your failure to enroll, withdraw or expulsion, you shall submit to the Education Department the following:
 - a. The date of your failure to enroll, withdrawal or expulsion and;
 - b. A copy of your request to the institution that all remaining Adult Vocational Training funds be returned to the Little Traverse Bay Bands of Odawa Indians' Education Department.

If total amount of scholarship is not returned by the institution, you, the student will be required to pay back any and all scholarship assistance, subject to appeal. Failure to pay back funds will make you ineligible to receive any future Adult Vocational Training Scholarship funds.

I, the student, as scholarship recipient, agree to the above terms and conditions.

Student Signature:

Date

Student Printed Name:

Release of Information:

Student Printed Name:

Social Security Number:

Special terms that apply:

AVT Program: Adult Vocational Training Program

Education Department: The Little Traverse Bay Bands of Odawa Indians' Education Department

Financial Aid Office: Office of an institution of higher education that has responsibility for institutionally administered financial aid.

Financial Aid Package: The institution's documents that identify the amounts and types of financial aid awarded by the institution and the amount of unmet need.

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

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

Special Achievements: 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: Any form of public notification (i.e. Odawa Trails Newsletter, Annual Tribal meeting, bulletin boards).

Authorization:

I authorize _____, the institution that I am attending, to release to LTBB Education Department any requested documentation including transcripts, schedules and financial aid package information. I also authorize the LTBB Education Department to make press releases on my behalf in cases of special achievements, graduations and any other event I may want published and to release academic information from my file to the Human Resources Departments of both the tribal government and it's enterprises.

Student Signature

Date

Student Need Analysis

Certification to be received: _____
 Program Start Date: _____ Program End Date: _____

Educational Budget:

Tuition:	\$	_____	Please describe any special costs or equipment required to participate in the program below: _____ _____ _____ _____ _____ _____
Fees:	\$	_____	
Books & Supplies:	\$	_____	
Exam/Certification Fees:	\$	_____	
Equipment:	\$	_____	
Other:	\$	_____	
Total Budget:	\$	_____	

Assessed Need:

Please report any financial aid that the student will be receiving to cover cost associated with the program:

Award Type:	Award Amount:	Total:
Pell Grant	\$ _____	\$ _____
Supplemental Ed. Opp. Grant	\$ _____	\$ _____
Work Study	\$ _____	\$ _____
Loan: Subsidized	\$ _____	\$ _____
Loan: Unsubsidized	\$ _____	\$ _____
Other: (List Below)	\$ _____	\$ _____

Total Aid: \$ _____ **Unmet Financial Need:** \$ _____

_____ Official Signature	_____ Date
_____ Official Printed Name	_____ Position