



Student Application

STUDENT NAME: _____

Please complete the following checklist:

- _____ Call **906-248-3354** to schedule your BMCC advising appointment
- _____ WOCTEP Student Application
 - Admission Form
 - Income Verification Form
 - Zero Income Form (if necessary)
 - Financial Assistance Agreement
 - W-9 Form (Used for non-tax purposes only)
 - Authorization to Release Student Information Form
- _____ Proof of Income (First page of tax return showing adjusted gross income)
- _____ **Unofficial Transcript** (if applicable)
- _____ BMCC Course **Schedule** for current or upcoming semester
- _____ LTBB members contact LTBB's Higher Education Specialist at **231-242-1492** for Michelle Chingwa Scholarship.

Please return application to:

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

By email:

JANTHONY@LTBBODAWA-NSN.GOV

Please contact WOCTEP at **231.242.1489**



BAY MILLS
Community College



WOCTEP is funded by the US Department of Education through the NACTEP program. Federal funds contribute to 90% of funding (\$448,744) and tribal support of 10% (\$50,108) for project year 1 (2019) budget.



Admission Form

Which BMCC program(s) do you intend to take?

- Medical Office (Certificate)
- Business Administration (AA)
- Computer Information Systems (AAS)
- Construction Technology (AA)
- Early Childhood Education (AA)
- Office Administration (AAS)

1. **Are you of Native American/Hawaiian or Pacific Islander Descent?** A person having origins in any of the original peoples of North and South America (including Central America and Pacific Islands), and who maintain tribal affiliation or community attachment. Yes/No _____ Tribal Affiliation (if known) _____
Tribal ID # (if applicable) _____
2. BMCC Student ID#: _____
3. Name _____
Last (legal) First (legal) Middle (legal) Other Names Used
4. Street Address (and Mailing if different) _____
5. City _____ State _____ Zip _____ County _____
6. Phone _____ 7. Do you want to receive important limited text messages regarding deadlines, office closures, etc.? Yes/No _____
8. Email Address _____ 9. Date of Birth _____
10. Male _____ Female _____ Other (please specify) _____
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: _____ 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. I also give permission for WOCTEP to share the above admissions information with other LTBB Grant programs for enrollment, recruitment, and/or grant reporting 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.

Signature _____ **Date** _____

Income Verification Form

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? _____

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 \$
Total Monthly Income:		\$

- 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.)

By signing below I authorize the WOCTEP program to obtain information from my employer(s), Women's Resource Center, FIA/DHS, SSA, Bay Mills Community 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, and mileage assistance. I also understand that WOCTEP may share my income information with other LTBB grant programs. 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 ___/___/___

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):

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

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 TERMS & CONDITIONS

I understand and agree:

1. 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. 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. That I must maintain a minimum of 2.0 GPA to continue WOCTEP financial assistance eligibility.
4. That required course materials (textbooks & supplies) must be charged to my BMCC student account (unless otherwise specified) and that WOCTEP Tuition & Course Material financial assistance checks will be mailed directly to Bay Mills Community College.
5. To report all schedule, employment, household, and income changes in writing to WOCTEP **within 7 business days** (email or postmarked letter notification).
6. That upon dropping WOCTEP tuition assisted course(s), refunds will be returned to the Little Traverse Bay Bands of Odawa Indians.
7. That if I withdraw from WOCTEP courses after BMCC's tuition refund period, I will be responsible for costs incurred.
8. That if WOCTEP has paid for a course or courses that are withdrawn or failed, I may become subject to a probationary period of one semester to complete with a 2.0 GPA or higher without WOCTEP funds.
9. That it is my responsibility to follow up with WOCTEP staff and the BMCC Financial Aid office in regard to my WOCTEP financial assistance status and my student account/billing status at BMCC.
10. **That discovery of falsification or omission of information, forgery of grant documents, or fraudulent use of grant funds, maybe 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:** / /

BMCC Student ID number- _____

Last Name: _____

First Name: _____

Middle Initial: _____

Last 4 digits of Social Security #xxx-xx- _____

Permanent Address: _____

Current Phone : (_____)- _____ - _____



BAY MILLS Community College

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Federal law prohibits BMCC from discussing your information with anyone, unless authorized in writing by you. This authorization is effective until you graduate or cancel the release.

Section I – Student Information

Student's Name _____ Phone _____

Student ID number _____

Section II – Authorization Information

I authorize only the person or persons listed to receive my information:

Name WOCTEP Name _____

I authorize BMCC to release the following information: (Check all that apply)

- Financial Aid Information: Satisfactory Academic Progress, GPA, FAFSA info, Award Amounts
- Student Account Information: Account Balances, Account Charges, Billing, Payments, Refunds
- Student Registration Information: Class Schedule, Grades, Grade Point Average
- Student Transcript Ordering

I certify that I have authorized the release of my information to the individual(s) listed above.

Student Signature _____ Date _____

Cancellation of the Release of Student Information

I request cancellation of this release.

Student Signature _____ Date _____

You may request cancellation of this release at any time. If you wish to reinstate the release in part or in whole, you must fill out another authorization form.

