Nitaazhitoojik Industrial Training (NIT) Program Direct Assistance Application

Direct Assistance Guidelines
The Nitaazhitoojik Industrial Training (NIT) Program is designed to provide direct assistance to students pursing training in high demand STEM-related fields. Direct assistance includes tuition, books, fees, transportation costs and/or related training costs. Students enrolled in the Industrial Arts Institute Welding Program or in the North Central Michigan College Computer Numerical Control (CNC), Computer-Aided Design (CAD), or Mechatronics Programs may be eligible to receive direct assistance through the NIT Program.

Non-discrimination Statement
The Nitaazhitoojik Industrial Training Program does not discriminate on the basis of any applicable protected classification including, but not limited to, race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Preference is given to individuals of Native American/Hawaiian or Pacific Islander descent. Descendancy refers to anyone that directly descends from original tribal people, regardless of blood quantum.

	Documentation Required for Eligibility:
_____	Completed Nitaazhitoojik Industrial Training (NIT) Application
_____	Authorization of Non-Directory Information Disclosure – NCMC FERPA Release
_____	Copy of Current Course Schedule/ Enrollment Verification
_____	Income Verification Form
_____	Proof of Household Income
_____	Financial Assistance Agreement
_____	Grade report/ Verification of Completed Module (if applicable)
_____	Completed W9 form (for first time applicants only)

Completed NIT applications may be mailed, faxed, emailed or hand delivered. Please send mailings to the following address:

LTBB Education Department
7500 Odawa Circle,
Harbor Springs, MI, 49740
Fax: 231-242-1490 Email: kbennington@ltbbodawa-nsn.gov

Please contact the LTBB Education Department at (231) 242-1480 with questions.

The Nitaazhitoojik Industrial Training Program is funded in part by the **US Dept. of Health & Human Services** through an **Administration of Native Americans** grant and by in-kind third-party match contributions from **North Central Michigan College and the Industrial Arts Institute.**

Nitaazhitoojik Industrial Training (NIT) Application

Applicant Information

Full Name: _____ **Birth Date:** _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

Phone: _____ **Email:** _____

Employer: _____ **Employer Phone #:** _____

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 Enroll #: *(if applicable)* _____ Tribal Affiliation: *(if applicable)* _____

Are you a veteran? *(please circle)* Yes No **Are you a displaced worker?** *(please circle)* Yes No

Gender *(please circle)* Female Male **Are you a high school student?** *(please circle)* Yes No

How did you hear about the Nitaazhitoojik Industrial Training Program?

_____

_____

Program Information

Please select the program that you are enrolled in:

North Central Michigan College

- ☐ Computer Numerical Control (CNC)
- ☐ Computer-Aided Design (CAD) (Available Fall 2020)
- ☐ Mechatronics (Available Fall 2020)

☐ **Industrial Arts Institute**

Welding

Anticipated Student Resources

Please check all resources that you have applied for to cover program expenses or would like more information: (please specify in the space below)

FAFSA	_____	Other	_____
LTBB WIOA	_____		_____
LTBB WOCTEP	_____		_____
Michigan Works!	_____		_____

Certificate of Agreement

Conditions of Agreement:

1. If I am eligible for the Michigan Indian Tuition Waiver and enrolled at North Central Michigan College, I must apply for the waiver. I must also apply for any other financial aid available including the FAFSA, and LTBB sponsored programs if applicable.

2. If I am deemed eligible for assistance, funding will be applied for NIT-approved courses only *(repeated courses will not be eligible for assistance)*.

3. I must maintain a minimum grade point average (GPA) of 2.0 to continue being eligible for assistance through the NIT Program.

4. It is my responsibility to communicate with the NIT Program regarding any changes to my enrollment, financial assistance status and my student account/billing status.

5. I must notify the NIT Program within **10 days** of any changes to my employment status and/or household income. Notifications must be made in writing.

6. I agree to authorize the LTBB Niigaandiwin Education Department to make press releases on my behalf in case of special achievements, graduations, and other events.

7. I agree to the release of my academic information to the Human Resources or other relevant departments of both the tribal government and its enterprises.

8. The discovery of falsification or omission of information, forgery of grant documents, or fraudulent use of grant funds may be grounds for investigation and can result in cause of action to retrieve misused funds, prosecution under the law, and/or program disenrollment.

I, the student, as a Nitaazhitoojik Industrial Training recipient, agree to the above terms and conditions.

_____ _____

Student Signature: Date

_____

Student Printed Name:

Income Verification Form

Applicant Name: _____

Address: _____
Street *City* *State* *Zip Code*

Phone Number: _____ Email: _____

# of Adults in Household: _____ # of Children in Household: _____

Are you currently employed? *(please circle)* Yes No

If yes, who are you employed with? _____

☐ Please check if your household income is $0 and then proceed to page 4 of the application.

List **all** current sources of income for all household members. Please include income from non-taxable sources such as child support, FIP/FIA, worker's compensation, SSI, etc. Do not include capital gains and non-cash government benefits such as public housing, Medicaid, food stamps, MCEH funding, etc.

Family Member	Source of Income/Employer	Monthly Average $
	Total Monthly Income:	$

I authorize the NIT program to obtain information from my employer(s), the Women's Resource Center, FIA/DHS, SSA, North Central Michigan College and/or other organizations for purposes of verifying the information outlined above. This information may include but is not limited to rate of pay, work schedule, financial aid awards, and mileage assistance. I also understand that NIT may share my income information with other LTBB entities, departments and grant programs for service eligibility purposes. I understand that falsification or omission from the program if discovered may cause for refusal of admission, cancellation of admission or suspension from the program. I further understand that misuse of federal grant funds may cause for repayment of assistance and/or prosecution under the law.

_____ _____
Signature *Date of Signature*

Zero Income Form

Applications may be denied or delayed if this form is not completed and signed by the applicant that is 18+ years old and has no income.

Income is defined, but not limited to the following:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from operation of a business
- Sale of products or services
- Rental income from a real estate or personal property
- Interest or dividends from assets
- Sales from any self-employment resource
- Social Security income, Supplemental Security Income (SSI), annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Periodic payments such as alimony, child support, or monetary gifts received from persons not living in the household

Reason for Zero Income/not working:

_____

_____

_____

_____

How do you pay for your basic needs (shelter, clothing, utilities, personal items, etc.)?

_____

_____

_____

_____

I certify that I am currently unemployed or have any source of income listed above. There is no imminent change expected in my financial or employment status in the next 30 days. Should I become employed or receive any type of income, I agree to notify the NIT Program within 10 days of my employment or receipt of income of $100 or more per month. I understand that failure to report this information is considered fraud and I am aware of the legal consequences as well as the possibility of being dismissed from the NIT program.

_____ _____

Applicant Signature Date

_____

Applicant Name (Print)

Industrial Arts Institute

989-733-4369 | P.O. Box 241 | 20902 Washington Avenue Onaway MI 49765 | www.iaiworks.com

Authorization of Non-Directory Information Disclosure

I hereby authorize the INDUSTRIAL ARTS INSTITUTE to release my non-directory information to the following named individual(s) or entities.

1. Nitaazhitoojik Industrial Training Program

7500 Odawa Circle Harbor Springs, MI, 49740

2. (provide name, address & relationship to you)

_____

_____

_____

3. (provide name, address & relationship to you)

_____

_____

_____

Documents authorized for release: All information can be shared in regards to the Nitaazhitoojik Industrial Training (NIT) Program.

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) _____

Student's Signature _____

Student's Social Security Number _____

Return in person to: Industrial Arts institute Attn: Tammi Ward PO Box 241 Onaway, MI 49765 Or by e-mail to tward@iaiworks.com

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See **Specific Instructions** on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II Certification

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.

Certification instructions. 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.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.