



SNOQUALMIE INDIAN TRIBE

ADULT VOCATIONAL TRAINING (AVT)

BENEFIT APPLICATION

PURPOSE: The Adult Vocational Training (AVT) Benefit was developed to help Tribal Members complete a training program and earn a certificate that will help them further their careers.

ELIGIBILITY: To receive this Benefit the applicant must be listed as an enrolled member of the Snoqualmie Indian Tribe; and

- Be enrolled in an accredited or formal certificate program that is consistent with their career path;
- Be enrolled in a minimum of one class toward their degree program; and
- Maintain enrollment in selected course work; and
- Be earning a minimum GPA of a 2.0

AVAILABLE FUNDING: An eligible student may receive up to \$12,000 per academic year. The academic year, regardless of school or program, is defined as July 1-June 30. AVT funding will be available for no more than one AVT program per academic year per applicant. Funding for this program is subject to availability of Tribe resources and budget approval by Snoqualmie Tribal Council.

Eligible Expenses Include:

- Registration expenses
- Tuition and fees
- Required books/materials/supplies
- A subsidized bus pass or \$100 per month on an ORCA card, or a campus parking pass for the duration for the program.

APPLICATION REQUIREMENTS: In addition to completing this application you will be required to submit additional information. Please use the check list below to be sure you have included the necessary information with your application packet:

- | | |
|---|---|
| <input type="checkbox"/> Proof of enrollment in school or program | <input type="checkbox"/> Tuition Statement |
| <input type="checkbox"/> Copy of your course schedule | <input type="checkbox"/> W9 for School or Vendor (included in this packet)) |

Please submit your application to the Education Department:

Email: education@snoqualmietribe.us

Fax: 206.600.6487

Mailing Address: PO Box 969 Snoqualmie, WA 98065

Phone: 425.888.6551 extension 1119



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APPLICANT INFORMATION:

Name: _____ Birthdate: _____

Phone Number: _____ Email Address: _____

Permanent Address:

_____ Street _____ City _____ State _____ Zip Code

Student residence, if different than above:

_____ Street _____ City _____ State _____ Zip Code

Current Level of Education: _____ Completion Date: _____

Have you received this benefit before? If so when? _____

PROGRAM INFORMATION:

Name of College/Institution: _____

Mailing Address: _____
Street City State Zip Code

Phone Number: _____ Fax: _____

ENROLLMENT INFORMATION:

Student Identification Number: _____

Program Title: _____ Name of Certificate Earned: _____

Expected Start Date: _____ Expected Completion Date: _____

Term Type:

- Quarters
 Semesters

Please list the number of credits

you expect to take per term:

- _____ Fall
_____ Winter
_____ Spring
_____ Summer



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OCCUPATIONAL GOALS

1. Please describe the training program and why you chose it.

2. What job/position do you hope to have as a result of this training?

3. What are your short term and long term career goals? _____

4. Do you anticipate working for the Snoqualmie Indian Tribe, or Casino or other Tribal enterprises? Please explain why or why not:



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STUDENT RELEASE OF INFORMATION FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT) FORM

The Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, 34 C.F.R. Part 99 is a federal law that protects the privacy of financial and academic student education records. Generally, schools must have written permission from the parent or eligible student (if over 18 years of age) in order to release information from a student's education record.

The applicant understands that the Snoqualmie Indian Tribe's intent of collecting and maintaining this data is for determining eligibility for Tribal educational benefits and to provide a means of producing statistical records. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

The administration of this program requires certain information from the applicant. The forms included in this packet solicit the required information. This information may be made available to authorized organizations or individuals in compliance with all applicable laws.

I, _____ hereby authorize
(Student or Parent/Guardian requesting release, print full name)

_____ to release any and all of the following
(Program/School/University)

information over the period of _____ to the Snoqualmie Indian Tribe or staff member:
(Academic Year)

- Financial aid awards, application data, disbursements, and/or eligibility
- Billing statements, charges, credits, payments, and/or past due amounts
- GPA/grades, demographic, registration, student ID number, enrollment information, and/or academic progress status
- Access to student records maintained by the Registration Office and Financial Office, including all of the above examples

I acknowledge that this release is valid until I have completed my current degree program at _____ or until I have revoked this release in writing.

(Program/School/University)

(Student or Parent/Guardian Signature)

(Date)

Please Note: FERPA pertains to the release of records only. It does not give others the right to act on your behalf or change your records.



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FUNDING ACCEPTANCE AGREEMENT

Initial each section after reading.

_____ I hereby agree to attend the school indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school and to the best of my ability will satisfactorily complete the course work I have selected. I understand and agree that I am required to notify the Snoqualmie Tribe Education Department immediately of any withdrawals from the school. I further understand and agree that the funds issued to me for educational purposes will be used solely for such purposes.

_____ I understand that I will be required to provide the Education Department with additional information or documentation to receive funding. I agree that I will provide **grade reports** regarding my progress at the end of each term/semester. I will also provide a **class schedule** at the beginning of each term/semester I will be attending. I will provide updated contact information; including address, phone, and email address to the Education Department whenever they change. I further understand and agree to mail, email or fax required follow up papers or documentation in a timely manner to continue to receive funding.

_____ I understand that I am required to maintain my enrollment in the course work I have selected. I understand that of the coursework I have selected, I must be enrolled in a minimum of one course toward my degree program *and* earn an equivalent to a **minimum 2.0 Grade Point Average (GPA)** per term/semester. I further understand that should I not meet the minimum satisfactory academic progress requirements it will impact my ability to receive future funding.

_____ I understand that if I dis-enroll, drop out, receive a 0.0 GPA and 0 credits, or otherwise fail to complete the term/semester or grading period, I may be required to **REIMBURSE** awarded funds and I will not be eligible for additional funding until the amount is paid in full.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement. I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand I am signing this application under penalty of criminal prosecution if I knowingly give false information which results in a payment which I am not entitled to.

Parent/Guardian Signature

Date