

Snoqualmie Indian Tribe Education Department

GED Benefit Application Packet



Cover Page

Purpose: The GED Benefit was developed to help Tribal members earn their GEDs.

Eligibility: To receive this benefit the applicant must be an enrolled member in the Snoqualmie Indian Tribe on the 2004 base rolls, the 2010 voters list or the 2012 voters list.

Available Award Amount: An eligible applicant may receive up to \$6,000 per academic year for GED related expenses. The academic year, regardless of school or program, is defined as July 1 – June 30. Funding for this program is subject to availability of Tribe resources and budget approval by Tribal Council.

Covered Expenses and Fees:

- Registration expenses and fees, including tuition, test fees and books
 - Tutoring *
 - \$100 per month on an ORCA card or bus pass, or a campus parking pass for the duration for the program. *
- * These covered expenses are considered taxable by the IRS and you may receive a 1099 misc. income statement from the Snoqualmie Tribe for the calendar year you receive the award. You will need to complete a Tribal Benefit Recipient Form (not included in this packet). Please request this additional form from the Education Department if needed.

Payment: If the applicant is awarded this benefit, the payments will be made directly to the school, vendor, or program or as a reimbursement. Payments for GED prep courses will be issued once per term/semester. Payments for GED testing fees will be issued per test. The recipient must provide proof of progress by submitting test scores as soon as they are received.

Application Process:

Please complete the following documents (included in the packet):

- Applicant Information Form
- GED Plan
- Funding Acceptance Agreement Form
- FERPA Release of Information Form
- W9 for School or Vendor

In addition, provide the following information:

- Proof of enrollment in school or program

Once you have completed this application and have collected all of the required documents listed above, please submit your application to the Snoqualmie Indian Tribe Education Department:

Email: education@snoqualmientribe.us

Phone: (425) 888-6551 x 1119

Fax: 206-600-6487

Mailing Address: P.O Box 969, Snoqualmie, Washington 98065

**Snoqualmie Indian Tribe Education Department
GED Benefit Application Packet**



Applicant Information Form

Applicant Information:		
First Name:		Last Name:
Mailing Address:		
City:	State:	Zip Code:
Phone Number:		Email:
Birthdate:		Enrollment Number:

Program Information:		Note: This is where the check will be sent if award is given
GED Program School/Vendor:		
Mailing Address:		
City:	State:	Zip Code:
Advisor Name:		
Advisor Phone Number:		Advisor Email:
Program Start Date:		Program End Date

Cost Information:	
Academic Year/Program Period:	
Cost per Class:	Total Number of Classes:
Cost per Test:	Total Number of Tests:
Total Cost:	

The above information is true to the best of my knowledge.

--	--

Applicant Signature

Today's Date

Snoqualmie Indian Tribe Education Department

GED Scholarship Application Packet



GED Plan

Overall Plan

I, _____ plan to take the following tests (check all that apply):

(Student Name, Please Print)

- | | | |
|--------------------------|---------------------------------|--|
| <input type="checkbox"/> | Reasoning through Language Arts | I have already passed test, score: _____ |
| <input type="checkbox"/> | Social Studies | I have already passed test, score: _____ |
| <input type="checkbox"/> | Science | I have already passed test, score: _____ |
| <input type="checkbox"/> | Mathematics | I have already passed test, score: _____ |

I will begin my GED program starting _____. I hope to complete my GED by _____.
(Month/Year) *(Month/Year)*

Will you need childcare? If yes, who will provide it? _____

Will you be working full or part-time? _____

GED Test Preparation Program Logistics

GED test preparation program name: _____ Location: _____

Are the GED Test Preparation Program courses offered at a time that works for you? _____

How will you get to the GED Test Preparation Program? _____

GED Test Taking Logistics

GED testing center name: _____ Location: _____

The GED Tests are now computerized tests, on a scale of 1 being the lowest and 5 being the highest, how comfortable are you with reading and writing on the computer? _____

Are the GED Tests offered at a time that works for you? _____

How will you get to the GED Testing Center? _____

Other Resources

Will you use or need any of the following resources? (Please check all that apply):

- | | | | |
|--------------------------|------------------------------|--------------------------|---|
| <input type="checkbox"/> | Tutoring | <input type="checkbox"/> | Local library for computer and internet access |
| <input type="checkbox"/> | Workforce/ Workfirst program | <input type="checkbox"/> | Disability Resource Center |
| <input type="checkbox"/> | My GED program | <input type="checkbox"/> | Native American/Multicultural support association |

**Snoqualmie Indian Tribe Education Department
GED Scholarship Application Packet**



Funding Acceptance Agreement

Please initial each section after reading.

_____ I hereby agree that I will enroll in the program indicated on this application and agree to follow all rules, regulations, and attendance requirements of the school. I further agree that the funds issued to me for educational purposes will be used solely for such purposes.

_____ I understand that if I do not enrolled in the program, withdraws from the program before the period that is being awarded funding for by the Tribe is over for any reason, or otherwise fail to complete the program during the period being awarded funding, I will be required to **REIMBURSE** awarded funds and I will not be eligible for additional funding until the amount is paid in full.

Any funding received through the Snoqualmie Tribe Education Department shall be deemed a Tribal member benefit received based upon program qualifications and available funding. This program does not create any kind of legal entitlement to funding for education. The Snoqualmie Tribe Education Department reserves the right to reject requests for funding, or to request reimbursements, in accordance with Departmental and Tribal policies and procedures. The Tribe reaffirms that it does not waive its sovereign immunity with respect to any aspect of the Snoqualmie Tribe Education Department activities.

I, the undersigned, have read, understand, and agree to abide by the terms and conditions of this Funding Acceptance Agreement.

Applicant Signature

Date

**Snoqualmie Indian Tribe Education Department
Scholarship Application**



**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.

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.	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)		

Part I Taxpayer Identification Number (TIN)

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 *How to get a TIN* on page 3.

Social security number									

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

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. The IRS has created a page on IRS.gov for information about Form W-9, at 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.

**Snoqualmie Indian Tribe Education Department
GED Benefit Application Packet**



Application Checklist

- 1. Completed Applicant Information Form
- 2. Completed GED Plan
- 3. Signed FERPA Form
- 4. Signed Funding Acceptance Agreement Form
- 5. Provided a W-9 for the school or vendor
- 6. Provided proof of enrollment in school or program
- 7. Provided proof of expense

Once you have completed this application and have collected all of the required documents listed above, please submit your application to the Snoqualmie Indian Tribe Education Department:

Email: education@snoqualmietribe.us

Phone: (425) 888-6551 x 1119

Fax: 206-600-6487

Mailing Address: P.O Box 969, Snoqualmie, Washington 98065