Docusign Envelope ID: 8454002F-2D8C-4FEE-A794-C43110472972

Snoqualmie Indian Tribe Adult Vocational Training Application

The Snoqualmie Indian Tribe has established the Adult Vocational Training (AVT) Benefit to assist and support enrolled Snoqualmie Tribal Members completing a training program and earn a certificate that will help them further their careers. Benefits are subject to change at the authorization of the Snoqualmie Tribal Council.

Eligibility

To be eligible to receive this Benefit, the applicant must be:

A. An Enrolled Snoqualmie Tribal Member; and
B. Not receiving services from another tribe, this benefit is a payor of last resort; and
C. Enrolled in classes at an accredited or formal certificate program that is consistent with the Tribal Member's career path; and
D. Maintaining enrollment in selected coursework; and
E. Earning a minimum Grade Point Average ("GPA") of 2.0 or equivalent.

Available benefit Amount

An eligible student attending AVT may receive up to $20,000 per Tribal Academic Year for eligible AVT expenses. The Tribal Academic Year, regardless of the student's school or program, begins on July 1 and concludes on June 30. AVT funding will be available for no more than one AVT program per academic year per applicant. This benefit is discretionary and authorized by the Snoqualmie Tribal Council and is subject to Tribal Council appropriations. Tribal Council reserves the right to alter or eliminate the benefit at any time and for any reason.

Eligible Expenses

Items that may be covered by the benefit include: Registration expenses; Tuition and fees; Books and required materials; and Travel and transportation costs, technology equipment and software, including but not limited to bus passes or campus parking passes.

A. Payment for expenses under this program are considered General Welfare and fall under the Tribe's General Welfare Program for the purpose of tax exemption.
B. Failure to utilize the benefit appropriately or dropping out of a class or program without proper notification to the Education Department may result in disciplinary action up to the issuance of a 1099 MISC form for the misused expenses as outlined in the Tribe's General Welfare Misuse Policy.

Additional Documentation

Please use the check list below to be sure you have included the necessary information with this application packet:

- ☐ W-9 for you and school/vendor
- ☐ Proof of school/program enrollment
- ☐ Copy of course schedule
- ☐ Tuition statement

Once you have completed this application and collected all of the required documents 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

Docusign Envelope ID: 8454002F-2D8C-4FEE-A794-C43110472972

Snoqualmie Indian Tribe Adult Vocational Training Application

Applicant Information

Name: _____ Enrollment #: _____

Phone Number: _____ Email Address: _____

Permanent Address: _____
Street City State Zip Code

Student address if different than above: _____
Street City State Zip Code

Current Level of Education: _____

Have you received this benefit before? If so when and for what program?

_____

_____

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: _____

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

Docusign Envelope ID: 8454002F-2D8C-4FEE-A794-C43110472972

Snoqualmie Indian Tribe Adult Vocational Training Application

Occupational Goals (Must be filled out for first-time applicants)

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: _____

Docusign Envelope ID: 8454002F-2D8C-4FEE-A794-C43110472972

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.

By signing, the applicant understands that the Snoqualmie Indian Tribe's intent of collecting and maintaining this data is to determine 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 information
(Program/School/University)

over the period of _____ to the Snoqualmie Indian Tribe Education Department:
(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

By signing below, I consent to the release of the student information listed above and acknowledge that this release is valid for the Academic Year listed above at the program listed above or until I have revoked this release in writing.

_____ _____
(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.

Docusign Envelope ID: 8454002F-2D8C-4FEE-A794-C43110472972

FUNDING ACCEPTANCE AGREEMENT

Applicant, please initial to indicate that you understand and agree to the following:

_____ 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 scholarship 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 academic 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. By signing, 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 that results in a payment to which I am not entitled. I agree that the Education Department may contact other Tribal programs for pertinent information as it applies to this application. I agree to repay any funds that the Tribe deems to have been misused, and that the Tribe may pursue any available remedies at law and/or equity to recover misused funds.

_____ _____

Applicant Signature *Date*