

# **Student Application**

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

## Please return application to:

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

## By email:

WOCTEP@LTBBODAWA-NSN.GOV
Please contact WOCTEP at **231.242.1494** 









# **Admission Form**

## Which BMCC program do you intend to take?

Medical Office (Certificate)
Medical Coding & Billing (COC)
Early Childhood Education (COC)
Early Childhood Education (AA)
Certified Nursing Aide (COC)
Paramedics (AAS)

Computer Information Systems (AAS)
Computer Science – Web Development (AAS)
Construction Technology (COC)
Construction Technology (AA)
Office Administration (AAS)
Business Administration (AA)

	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. Dual Enrolled High School Student, Yes/No
4.	Name
	Name Last (legal) First (legal) Middle (legal) Other Names Used
5.	Street Address (and Mailing if different)
6.	City State Zip County
7.	Phone 7. Do you want to receive important limited text messages regarding deadlines, office closures, etc.? Yes/No
8.	Email Address9. Date of Birth
10.	Male Female Other 11. Veteran/Active Duty, Yes/No
12.	Do you have a parent in the military on active duty, Yes/No
13.	Come from a non-English speaking background, Yes/No
14.	Have you been in the foster care system, Yes/No
15.	How did you hear about WOCTEP?
16.	Name of Employer(s): Employer Phone Number:
Dep	ase initial: I Give Permission to the LTBB Education Department to share the above information with the Human Resources partments of both the Tribal Government and Tribal Enterprises for recruiting purposes. I also give permission for WOCTEP to share the above hissions information with other LTBB Grant programs for enrollment, recruitment, and/or grant reporting purposes.
kno adm caus of a abo	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 wledge. I understand that falsification or omission of information or credentials may be cause for; refusal of admission, cancellation of nission, or suspension or dismissal from the program if discovered subsequently. I also understand that misuse of federal grant funds may be see for repayment of funds and/or prosecution under the law. I also understand that I have a continuing obligation to notify the Project Director change in my circumstances that would have resulted in a different response to the above questions. Failure to update the Project Director ut said changes in circumstances may result in the same sanctions as apply to misrepresentation of the facts originally stated in the lication.
Sig	gnatureDate

1. Are you of Native American/Hawaiian or Pacific Islander Descent? A person having origins in any of

# **Income Verification Form**

Name:		
Daytime Phone Number:		
	amily Household:	
Number of Children (17 & Younger)	) in Family Household:	
Are you currently employed (circle	one)? YES or NO If yes, Where?	
Include income from non-taxable	nthly or annual sources of income below sources (child support, FIP/FIA, workers' nent benefits (public housing, Medicaid, fo	comp, SSI, etc.). Do <u>not</u> includ
Name of Family Member	Source of Income/Employer	Monthly Average \$
	Total Monthly Income:	\$
Check if you receive mileage allowand By signing below I authorize the WC Center, FIA/DHS, SSA, Bay Mills Comm contained herein. This information maileage assistance. I also under programs. I understand that falsification refusal of admission, cancellation of	d fill out the ZERO INCOME FORM (included in a ce from another source (FIA/DHS, MiWorks!. We occur of the program to obtain information from nunity College or other organization(s) for the ay include (but is not limited to) rate of pay, estand that WOCTEP may share my income on or omission of relevant financial or emploadmission, or suspension from the program of funds may be cause for repayment of funds	omen's Resource Center, etc.)  my employer(s), Women's Resource purpose of verifying the information work schedule, financial aid awards information with other LTBB grands yment information may be cause for if discovered subsequently and als
Signature	D	<mark>ate</mark> / /

## 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 are considered eligible for assistance one time with the exception of stipend aid).
- 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 WOCTEP Tuition & Fees 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 may 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. To conduct myself in a professional manner with WOCTEP and LTBB Niigaandiwin Education staff and to refrain from harassment, intimidation, and offensive or hostile behavior.
- 11. 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:				
Permanent Address:				
Current Phone : ( )				



#### 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	
Studen	t's Name	Phone
Studen	t ID number	
Section	ı II – Authorization Informa	ation
I autho:	rize only the person or person	s listed to receive my information:
Name	WOCTEP	Name
ઇ ઇ ઇ	Financial Aid Information: Student Account Information Student Registration Information Student Transcript Ordering	Satisfactory Academic Progress, GPA, FAFSA info, Award Amounts  a: Account Balances, Account Charges, Billing, Payments, Refunds  ation: Class Schedule, Grades, Grade Point Average
I certif	y that I have authorized the	release of my information to the individual(s) listed above.
Student	Signature	Date
Cance	llation of the Release of St	udent Information
I reque	st cancellation of this relea	se.
Studen	t Signature	Date
You m	ay request cancellation of t	his release at any time. If you wish to reinstate the release in part or in whole,

Revised 10-31-11

you must fill out another authorization form.



## **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	I Name (as snown 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								
Print or type. See Specific Instructions on page 3.					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
	single-member LLC				Exempt payee code (if any)				
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)								
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			Exemption from FATCA reporting code (if any)					
	☐ Other (see instructions) ▶		(Арр	lies to accounts	: mainta	ined outside	e the U.S.)		
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's na	me and a	address (op	tional	)			
	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
В.	The second to differ the New York (TIM)								
Par		Social	Leogurita	y number					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to aup withholding. For individuals, this is generally your social security number (SSN). However, to	U.U.	T	y Humber	1 [	$\overline{}$			
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			-	-				
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>				J				
,	TIN, later.			r identification number					
	If the account is in more than one name, see the instructions for line 1. Also see What Name per To Give the Requester for guidelines on whose number to enter.	ana Emple	J L						
7 407776	or re and the requester for guidelines on whose hamber to onton		-						
Dou	t II Certification				Ш				
Par									
	r penalties of perjury, I certify that:								
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (bruce (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	) I have not bee	en notifi	ed by the	Inter				
3. I ar	n a U.S. citizen or other U.S. person (defined below); and								
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na 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,

other than	1 1 2/	utions to an individual retirement arrangement (IRA), and generally, payments, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ►	

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **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 taxpaver 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,