LAC VIEUX DESERT BAND OF LAKE SUPERIOR CHIPPEWA INDIANS
EDUCATION DEPARTMENT
P.O. Box 39, E23968 PowWow Trail Watersmeet, MI 49969
Phone: 906-358-4041 Fax: 906-358-4522

FINANCIAL ASSISTANCE VOCATIONAL TRAINING SCHOOL APPLICATION

ELIGILILITY	Member of the Lac Vieux Desert Band of Lake Superior Chippewa Indians Accredited Vocational school/program
FINANCIAL ASSISTANCE AWARD:	Accredited Vocational School and approved by the Lac Vieux Desert Education Department Students are allowed two (2) Accredited Vocational Training (AVT) courses in a 12-month period and per diem/mileage Must successfully complete a course to qualify for any subsequent course(s).

REQUIREMENTS:

1. Submit a completed and Signed Lac Vieux Desert Education Department Vocational School Financial Assistance Application.

2. Provide proof of acceptance into the AVT School with a copy of the training schedule (prepared by the school) and a copy of the formal letter of acceptance from the Office of Admission.

3. Upon completion Applicant/Member must provide an Official transcript/Certificate of completion, or other evidence documenting attendance and completion. If a student formally withdrawals from a program or fails a program due to attendance, all funds must be repaid. Applicants will **not** be considered unless they are complete.

4. Students must remain in "Good Academic Standing" upon receipt of financial aid award.

Do not complete – For Internal Use Only
Application Issue Date: _____
Returned Date: _____
Reviewed Date: _____

VOCATIONAL TRAINING SCHOOL FINANCIAL ASSISTANCE APPLICATION

STUDENT INFORMATION:

Name:			
Address (Physical & PO Box)			
D.O.B.	Gender:	M	F
Phone #:	Email:		

TRIBAL MEMBER RESPONSIBLE: (if applicant is a minor)

LVD Member:	Enrollment #:		
Address (Physical & PO Box)			
D.O.B.	Gender:	M	F
Phone #:	Email:		

ACADEMIC INFORMATION:

High School:				
Address:				
Graduation Date / /	GED:	Y	N	
VOCATIONAL TRAINING Applying for:				
Address:				
Certificate Sought:				
Licenses Sought:				
Online:				
Student Status:	Full Time		Part Time	
Periods of Training (dates):				

Have you received financial assistance from LVD before?

Special Recognition/Other Scholarship Awards:

EDUCATIONAL GOALS: How will the requested amount help these goals?

EXPENSES:

Tuition/Fees:	$
Required textbooks and software:	$
Lab feeds:	$
Supplies (does not include personal electronics. Ie: computers, printers, hardware):	$
Supplemental Books:	$
TOTAL EXPENSES:	$

VOCATIONAL TRAINING SCHOOL FINANCIAL ASSISTANCE APPLICATION CONTINUED

Tuition made payable to:
Check payable to:

TERMS OF THE AGREEMENT: (initial each box)

	I agree to complete the training in which I have applied.
	I agree to pay back the full amount of award if I do not complete the term.
	I will provide a copy of certificate, license, or any other documentation of completion to LVD Ed. Dept.
	I will inform the LVD Education Department of my completion or withdrawal.

Date:	Student Signature:

OFFICIAL USE ONLY:

Date:	Education Director Signature:

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EDUCATION ASSISTANCE AGREEMENT

I, _____, do hereby acknowledge and agree that by signing this Agreement for Education Assistance, I am obligated to complete the coursework offered by _____, which will be funded in the amount of $_____ through the Lac Vieux Desert Education Department. My training/coursework will begin on _____/_____/_____ and end on _____/_____/_____.

Upon execution of this agreement, I do hereby further acknowledge and agree and my signature on this Agreement obligates me to fulfill certain requirements and, in particular:

1. I am obligated to provide the Lac Vieux Desert Education Department with any and all transcripts/certificates/licenses or other evidence of attendance and completion or withdrawal produces as a result of my participation in the vocational education program listed above;

2. If I do not finish the vocation education program listed above for any reason whatsoever, I will be obligated to pay back in full the amount of $_____ to the Lac Vieux Desert Education Department within six (6) months of withdrawing from the vocational program. I further agree to immediately return to the Education Department any funds that were not applied towards the vocational education program if I do not finish the program for any reason.

This document serves as the binding agreement and the full understanding of the parties. Disputes related to this agreement or actions to collect funds for failure to complete coursework/vocational programs for which funding was provided shall be subject to the jurisdiction of the Lac Vieux Desert Tribal Court.

_____ _____

Student Signature LVD Education Department, Director

_____ _____

Date Date

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RELEASE OF INFORMATION

I, _____authorize_____
Print Vocational School/Program

and/or it's representative, to release any and all (please **initial** as acceptance to discuss your information):

_____Progress and completion for the program in the purpose of determining my educational needs and enrollment status to the designated education director of Lac Vieux Desert Band of Lake Superior Chippewa Indians.

Information received by the Education Director will be used for determining qualifications for yearly ongoing vocational programs.

_____ _____
Student Signature College/University ID# (**if applicable**)

_____
Date