



Coeur d'Alene Tribe
Department of Education
850 A Street/P.O. Box 408
Plummer, ID 83851
(208) 686-1800
Fax (208) 686-5804

Dear **Adult Vocational Technical** Applicant:

Please provide the following documents to the Coeur d'Alene Tribe Department of Education no later than **April 25th** if you intend to apply for Fall or Winter Terms and **September 25th** if you intend to begin in the Spring Term.

- | | |
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| <p>___ 1. Application/Right to Privacy (form #1)</p> <p>___ 2. CDA Tribal Financial Aid (Send form #2 to your college FAO <i>after</i> they notify you that you have been awarded.)</p> <p>___ 3. Student Responsibilities Intake (form #3)</p> <p>___ 4. Transcript/Attendance Release (form #4)</p> <p>___ 5. Student Loan Policy (form #5)</p> <p>___ 6. Personal letter stating your educational goals <u>or</u> AVT questionnaire</p> <p>___ 7. Copy of all previous college transcripts</p> <p>___ 8. Copy of college acceptance letter</p> <p>___ 9. Degree plan from your advisor or college catalog</p> <p>___ 10. Copy of your Tribal I.D. or Certificate of Indian Blood</p> | <p>___ 11. Tentative class schedule for first term (12 credits minimum for courses \geq100)</p> <p>___ 12. FAFSA confirmation page and printout of two or more scholarships and grants you have applied for</p> <p>___ 13. Copy of placement scores (COMPASS, ACT, or SAT)</p> <p>___ 14. Current email address</p> <p>___ 15. College advisor contact information: phone, email, and Fax</p> <p>___ 16. Educational plan for length of program (1-3 years) signed by advisor in your Professional-Technical program</p> <p>___ 17. Degree audit (Official) at the end of year prior to graduation</p> |
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****ONLY INSTATE TUITION RATES ARE ALLOWABLE****

Continuing Students if you intend to return next term, **YOU MUST** meet the above deadline dates. Please complete "Continuing Student Application" on our website: www.cdatribe.org. If there are changes, such as **transferring**, call us for further clarification.

All students are required to apply for federal funding utilizing the "Free Application for Federal Student Aid" (FAFSA). This will determine your eligibility for a Pell Grant Award. In addition, you must apply two additional scholarships.

Please be sure to read all forms thoroughly before signing. All rules and regulations will be enforced as agreed to by your signature. Return your completed application and supporting documentation to the above address.

Sincerely,

Kathy Albin
Adult Vocational Technical (AVT) Program Coordinator
kalbin@cdatribe-nsn.gov
208.686.0604

Coeur d'Alene Tribe, Department of Education
 AVT Application Right to Privacy Form



Tribal ID#: _____

1. Name _____
 Last First M.I.
2. Email: _____
3. Permanent Address: _____ State: _____ Zip: _____
4. Temporary Address: _____ State: _____ Zip: _____
5. Phone : () _____ () _____ () _____
 Home Cell Work
6. Birth date: _____
7. Social Security #: _____
8. Are you currently in High School? Y N
9. High School Graduation Date: _____ GED Completion Date: _____
11. Institution Attending: _____
12. Address of Institution: _____ State: _____ Zip: _____
13. Major: _____
14. Minor: _____
15. School System: ___ Quarter ___ Semester
16. School Year: _____
17. Student Status: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate
18. ___ New ___ Continuing
19. Military Veteran: Y N
20. Program: Certificate/Diploma: AAS AA/AS Bachelors Masters Doctorate
21. Have you received Higher Education or Adult Vocational funding in the past? yes/no (circle one)
 if so, when? _____

Under the Federal Privacy Act of 1974 Federal Agencies cannot release information about you to anybody without your authorization.

1. The authorization for solicitation of the information on this form is 25 U.S.C., 13 (42 stat 208) and P.O. 84-959 (70 stat 986) as amended by P.L. 88-230 (77 stat 471.25 U.S.C. 309)
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is to evaluate your request and to assist you before and during your training. After completion, parts or all of the information will be provided to employers for employment consideration
5. Failure to provide requested information may result in a delay or denial in receiving training.

I have read the above statements and I hereby provide the required information and authorize the use of such information as specified. I understand that any false information May cause my application to be disqualified. I also understand that if I unofficially withdraw without notification, I will be terminated from the program and may be required to refund the assistance provided. I authorize the education institution to release my grades, to an official of the Department of Education, upon request.

Signature _____

Date _____

COEUR D'ALENE TRIBE
DEPARTMENT OF EDUCATION

FORM #2



P.O. Box 408 - 850 'A' Street
Plummer, Idaho 83851
(208) 686-7322
(208) 686-1800

FAX (208) 686-5804

FINANCIAL AID FORM

SECTION 1: Student Completes: Student is responsible for submitting this form to the Financial Aid Office.

Student Name: _____ Social Security #: _____

Institution Name: _____ Date Classes: BEGIN _____ END _____

I will attend the following terms: Fall 20 ____ Winter 20 ____ Spring 20 ____ ***Summer 20 ____

Student Signature: _____ Date: _____

*** Summer funding is authorized on a limited basis only.

SECTION 11: Financial Aid Office Completes: Return directly to the above address.

Student has not yet applied for aid and cannot be considered Complete ACTUAL Budget
Student's application is late and may be considered later
FAO will send when completed

This budget is for: Fall 20 ____ Winter 20 ____ Spring 20 ____ Summer 20 ____

STUDENT BUDGET:

STUDENT RESOURCES:

Tuition and Fees \$ _____
Books and Supplies \$ _____
Room and Board \$ _____
Transportation \$ _____
Personal Expenses \$ _____
Other (List) \$ _____
\$ _____
\$ _____
Total Expenses \$ _____

Student Contribution \$ _____
Parent Contribution \$ _____
Spouse Contribution \$ _____
Social Security \$ _____
ADC/PA \$ _____
Veteran's Benefits; \$ _____
Other \$ _____
\$ _____
\$ _____
Total \$ _____

PROJECTED DISTRIBUTION OF INSTITUTIONAL AWARD:

Type (List)	Fall	Winter	Spring	Summer	Total
Pell Grant					
Total					

AUTHORIZING OFFICIAL'S SIGNATURE

TITLE

DATE

INSTITUTION

ADDRESS

PHONE NUMBER



Coeur d'Alene Tribe Department of Education
Student Responsibilities Intake Form

By applying for Coeur d'Alene Tribe Department of Education funds, I agree to the following requirements:

1. Apply to the Coeur d'Alene Tribe (CDA Tribe) Department of Education (DOE) for funding on or before the specified deadline.
2. Submit monthly and final grades each quarter/semester to the DOE.
3. Submit a college degree plan, a term-by-term education plan signed by my advisor.
4. Submit my class schedule prior to the beginning of each quarter/semester.
5. Pay room & board, transportation, and other educational expenses with the funds received from the CDA Tribe DOE.
7. Notify the DOE within five (5) days, in writing, if I withdraw from a class or program, am in jeopardy of failing a class or classes for any reason, or have any changes in financial aid.
9. Reapply and have official approval from the CDA Tribe DOE if I transfer from a 2-year to a 4-year college or change my degree plan.
10. Maintain a cumulative GPA (grade point average) in accordance with the requirements of my respective college to remain in "Good Standing," 2.0 or above. If I drop below the 2.0 GPA I will be placed on probation, if it happens a second quarter/semester I will be automatically suspended from funding.
11. Maintain a minimum of 12 credits required as a full-time student. If I drop below the minimum, I will be reclassified as a part-time student and be eligible only for books, tuition, and transportation stipend. I will also be placed on probation for the loss of tuition and books already paid on my behalf.
12. Buy only required textbooks with the bookstore purchase order.
13. Complete degree or certificate within the allowable period:
 - a. Vocational Certificate – 4 semesters or 6 quarters
 - b. AAS, AA, or AS degree – 6 semesters or 9 quarters
 - b. Baccalaureate Degree – 10 semesters or 15 quarters
14. Submit current address to the DOE within 10 days of any change.
15. Pay back money ASAP if I receive any financial aid from the CDA Tribe DOE for which I am not eligible.

Student Signature

Date

Student Print Name

Address

TRANSCRIPT & ATTENDANCE RELEASE

TO:

 NAME OF INSTITUTION

 P.O. BOX OR STREET

 CITY

 STATE

 ZIP

 AREA CODE

 PHONE

From: _____

DATE: _____

 SUBJECT: TRANSCRIPT AND ATTENDANCE REPORTS

I attended your school from ____ / ____ to ____ / ____

You are hereby authorized to provide the above reports to the Coeur d'Alene Tribal Department of Education at the following address:

Coeur d'Alene Tribe
 Department of Education
 P.O. Box 408
 Plummer, ID 83851

They are assisting me in furthering my education or training and they are required by law to obtain these reports as a part of their financial aid files (Tribe/Bureau). Your cooperation in this matter will be appreciated.

 STUDENT SIGNATURE

 SOCIAL SECURITY NUMBER

 DATE OF BIRTH

STUDENT LOAN POLICY

Dear Student:

It is very important that you make it clear to the Financial Aid Officer, at the school where you plan to attend, that you have been advised NOT TO ACCEPT any loans (NDSL, GSL, Perkins, etc.) money in order to go to school.

Also, please be advised, if you accept any money other than scholarship and/or grant money, the Coeur d'Alene Tribe and/or the Bureau of Indian Affairs WILL ASSUME NO RESPONSIBILITY FOR REPAYMENT OF YOUR DEBT.

I have read and understand the terms stated above. If I agree to accept a student loan, I WILL NOT hold anyone (Tribe/Bureau) responsible for the repayment of such loan except myself.

SIGNATURE

DATE

