



**Coeur d'Alene Tribe**  
**Department of Education**  
850 A Street  
P.O. Box 408  
Plummer, Idaho 83851  
(208) 686-0604 Fax (208) 686-5804

Dear NACTEP Applicant,

Please provide the following documents to the Coeur d'Alene Tribe Department of Education no later than April 25<sup>th</sup> if you intend to apply for Fall or Winter terms and September 25<sup>th</sup> if you intend to begin in the Spring term.

1. \_\_\_ Application **Form #1**
2. \_\_\_ Transcript/Attendance Release **Form #2**
3. \_\_\_ Student Loan Policy **Form #3**
4. \_\_\_ Student Responsibilities **Form #4**
5. \_\_\_ Financial Aid **Form #5**
6. \_\_\_ Certificate of **Residency/Affidavit Form** (if applicable)
7. \_\_\_ Copy of your **Tribal ID** or Certificate of Indian Blood
8. \_\_\_ Copy of **Acceptance Letter** from the college
9. \_\_\_ **Personal Letter** stating educational goals
10. \_\_\_ **E-Mail Address:** \_\_\_\_\_

**Continuing Students** if you intend to return to the same college the following quarter, you must meet the deadline in the dates listed above. It will be necessary for you to do **Number 4** (listed above) if everything is the same as the previous quarter. If you are planning to transfer to a different college, please call us for further clarification and discussion.

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  
NACTEP Manager  
kalbin@cdatribe-nsn.gov  
208-686-0604

Barbara Jackson  
NACTEP Academic Coach  
bajackson@cdatribe-nsn.gov  
208-686-8502

## Application

Tribal ID#: \_\_\_\_\_

1. Name \_\_\_\_\_  

First
Middle
Last
2. Email: \_\_\_\_\_
3. Mailing Address (if different): \_\_\_\_\_
4. Physical Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_
6. Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
7. Are you currently enrolled in high school? Y N What grade? \_\_\_\_\_
8. High School Graduation Date: \_\_\_\_\_
9. GED Graduation Date: \_\_\_\_\_
10. Have you previously received higher education funding? \_\_\_\_\_ If yes, what years? \_\_\_\_\_
11. Are you currently employed? \_\_\_\_\_
12. If employed what is the name of Business/Department: \_\_\_\_\_
13. Address of Business: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
14. Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
15. Supervisor's Name: \_\_\_\_\_
16. Supervisor's Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

# TRANSCRIPT & ATTENDANCE RELEASE

Form 2

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  
Tribe 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 loan (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.

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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 a loan except myself.

---

Signature

---

Date

**Student Responsibilities Intake Form**

**In receiving funding from the Coeur d’Alene Department of Education, I agree to:**

1. Apply to the Coeur d’Alene Tribe (**CDA Tribe**) Department of Education (**DOE**) on or before the specified deadline;
2. Submit grades each quarter to the **DOE**;
3. Submit **academic plan**, as developed with my advisor/counselor, by the end of the first quarter;
4. Submit my **class schedule** prior to the beginning of each new quarter/semester;
5. Notify the **DOE** of **any** changes
6. Notify the **DOE** within **five (5)** days, in writing, if I **withdraw** from the program;
7. Notify the **DOE immediately** if I am in **jeopardy of failing** class(es) or a program for **any** reason;
8. If I **transfer** from one business to another or **change** my **academic plan**, I must **re-apply** and **have official approval** from the **CDA Tribe DOE**;
9. Maintain a cumulative **GPA** (grade point average) of **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;
10. Maintain an **appropriate manner of behavior** consistent with business policies, and
11. Submit current address to the **DOE** within 10 days of **any** change.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email: \_\_\_\_\_



**Coeur d'Alene Tribe**  
**Department of Education**  
 P.O. Box 408 – 1115 B Street  
 Plummer, ID 83851  
 (208) 686-7322  
 (208) 686-1800  
 FAX (208) 686-5804

**FORM # 5**

**FINANCIAL AID FORM**

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

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date Classes: Begin \_\_\_\_\_ End \_\_\_\_\_

**INSTITUTION NAME:** \_\_\_\_\_

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 financial 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..... \$ \_\_\_\_\_  
 Dorm Costs..... \$ \_\_\_\_\_  
 Meal Plan..... \$ \_\_\_\_\_  
 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					
<b>Total</b>					

\_\_\_\_\_  
 Authorizing Official's Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorizing Official's Signature

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 PHONE NUMBER



**CERTIFICATE OF RESIDENCY/AFFIDAVIT** for county of: \_\_\_\_\_

Idaho Code §33-2110 requires that the county you resided in at least 12 consecutive months prior to attending classes pay part of your tuition (except Kootenai, Jerome and Twin Falls Counties). It is your responsibility to prove legal residency by completing the form below. Some counties may require additional information or have you complete additional forms. If you have completed more than 6 semesters at NIC, you may not be eligible for the county tuition benefit. If the county cannot certify your legal residency, you are responsible for paying the county portion of your tuition.

**PLEASE COMPLETE ALL ITEMS BELOW**

Name: \_\_\_\_\_ PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Semester:  Fall 20\_\_\_\_  Spring 20\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Address \_\_\_\_\_  
# & Street or Location Address City County State Zip

Resident County Address: \_\_\_\_\_  
(Physical Address, not box #)

High School Last Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Previous Address (if less than 12 months): \_\_\_\_\_  
Address City State Zip

Parent or Spouse: \_\_\_\_\_  
Name Address (\_\_\_\_\_) Phone

I have lived in \_\_\_\_\_ County since \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of property owner where you live: \_\_\_\_\_  
Month/Year

I hereby make application for tuition assistance to attend North Idaho College for the term of entry noted above. I certify to the best of my knowledge that all statements I have made in this application are complete and true.

Signature \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

**CHECK ALL THAT APPLY**

- I am a registered voter in this county.
- My vehicle is registered in this county / License Plate #: \_\_\_\_\_
- My parents or guardians have lived in this county for at least 12 consecutive months prior to the start of the college term in which I am enrolling, and they provide more than 50% of my financial support.
- I have resided in this county for at least 12 consecutive months prior to the start of the college term in which I am enrolling, and my parents provide less than 50% of my financial support.
- I am a resident of this county but have been living in another county for less than 1 year and have not established residency outside of this county.
- My spouse has resided in this county for at least 12 consecutive months prior to the start of the college term in which I am enrolling.
- My parents or guardians are stationed in this county on military orders and provide at least 50% of my financial support.
- I was honorably discharged from the military after serving at least 2 years and designated this county as my residence.
- I am on active military duty and assigned to this county.

Upon completing the above section, contact your county about other required documentation and deliver this to your county for authorization.

**COUNTY USE ONLY**

This is to certify that the above-named person is a legal resident of the County of \_\_\_\_\_, State of Idaho, and is eligible for tuition aid from this county for the \_\_\_\_ - \_\_\_\_ academic year.

By: \_\_\_\_\_ Attest: \_\_\_\_\_

Board of County Commissioners Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Upon completion by an authorized county official, this form should be returned to NIC at the address below

BUSINESS OFFICE



**NORTH IDAHO COLLEGE**