Dear AVT Applicant:

Attached is the Adult Vocational Training Application for the academic year. The Pre-Application Deadline is May 1st and students that meet this Pre-Deadline will receive an incentive which could be use towards their college travel assistance. The regular application deadline is July 15th for the Fall semester and for the Spring semester by December 27th by 4:30 p.m.

You need to read and understand the guidelines in this application. Please read your Adult Vocational Training Handbook. Complete all the information on this application and sign all forms. Incomplete application or forms will not be considered for funding.

The Education Department requests that you submit any change of address to the department within 10 working days to prevent any interruption in funding. Please provide a mailing address for regular correspondences from our office.

Please be advised any award you may receive maybe subject to an adjustment due to the funding provided by the Bureau of Indian Affairs. In the event funding changes all applicants will be notified by mail.

Please feel free to contact our office for any questions or inquires at: 406-768-5136 or 800-799-2926, Fax 406-768-3556.

Please return application to: Fort Peck Tribes Education Department
P.O. Box 1027
Poplar, MT 59255

The following staff is available to assist with the application process:

   Neil Taylor, Director
   Janet Escarcega, Program Assistant
   Ada Talks Different, Data Analyst
ADULT VOCATIONAL TRAINING
Scholarship Application Checklist

If you are a continuing student (a student who has received assistance this academic year, and have a completed file in our office) fill out and return only those marked with an asterisk (*). The Pre-Application deadline is May 1st. Regular application deadline is July 15th for Fall & December 27th for Spring semester. Absolutely no faxed applications will be accepted.

1. Adult Vocational Training Application
2. Privacy Act Form
3. Copy of most recent college transcript (s)
4. Certificate of Indian Blood
5. Copy of your high school diploma, or GED
6. Copy of acceptance letter from the school you are attending (No provisional acceptance letters will be accepted)
7. Copy of your current Student Aid Report (SAR, PDF Version)
8. Copy of College Award Letter (as soon you receive it)
9. Financial Needs Analysis (Student completes Part 1, the financial aid officer completes Part 2 then sends it to the Education Department).
10. Verification of enrollment (a letter or class schedule to be signed by the Registrar or stamped with the school seal).
11. Student Agreement Form
12. Marriage License
13. Copy of Birth Certificates, Social Security Cards, Certificates of Indian Blood for you and all family members you claim as dependents.
14. Military discharge papers.
15. For applicants over 35 years of age, a copy of recent physical is required.

NOTE: ALL DOCUMENTATION IS DUE INTO THE EDUCATION DEPARTMENT BY 4:30 P.M. JULY 15 (FALL) OR DECEMBER 27TH (SPRING) – NO EXCEPTIONS.
FORT PECK TRIBES EDUCATION DEPARTMENT
ASSINIBOINE & SIOUX TRIBES
ADULT VOCATIONAL TRAINING PROGRAM APPLICATION

FUNDING REQUEST PERIOD: FY ____________ Semester/Quarter__________
(All information provide is voluntary, however, failure to completely provide us with all the required information may delay or even halt processing of your application). Application deadline is July 15 & Dec. 27th.

NAME: ____________________________________________

ADDRESS: ________________________________________

SOCIAL SECURITY NO. ____________________________ TELEPHONE: __________________

DATE OF BIRTH: ___________________________ ENROLLMENT NO. __________________

EMAIL ADDRESS: __________________________________________

NAME OF HIGH SCHOOL: __________________________

DATE OF GRADUATION OR EARNED GED: __________________________

NAME & ADDRESS OF COLLEGE SELECTED: __________________________

COLLEGE MAJOR: __________________ EXPECTED GRADUATION DATE: __________

LENGTH OF TRAINING OR PROGRAM: _____ FULL TIME (12 credits or more) or
 _____PART-TIME (No less than 6 credit units per semester)

EXPECTED DEGREE: _____ Associate of Applied Science Degree (AAS)

 _____ 1 Year Vocational Certificate

YEAR IN COLLEGE: □ Freshman □ Sophomore □ Junior □ Senior

NUMBER OF CREDIT HOURS EARNED: _____ SEMESTER _____ QUARTER

I WILL LIVE: □ On Campus □ Off Campus □ With Parents/Relatives

HAVE YOU EVER RECEIVED AN AVT SCHOLARSHIP BEFORE? ________ (Yes or No)
IF YES, WHAT YEAR(S)? ________________________________
STATE OF EDUCATION PURPOSE:

I Declare that I will use the funds I receive under the Fort Peck Assiniboine & Sioux Tribes Higher Education Scholarship program solely for the expenses connected with the attendance at (NAME OF INSTITUTION):

______________________________________________________________________

I hereby certify that all the information provided on this application is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any scholarship awarded to me be mailed to the financial aid office at the institution named above. I also understand that it is my responsibility to ensure my end of semester/quarter grades are submitted to the Education Department by the deadlines listed below.

SIGNATURE OF STUDENT:________________________ DATE:___________

SEMESTER/QUARTER GRADE DEADLINES

Students are required to submit their grades to the Fort Peck Tribes Education Department by the following deadlines:

Fall Semester – January 10th 
Spring Semester – June 10th

NOTE: For students on a Quarter terms you must submit your grades within 15 days of end of each quarter.

Your Higher Education Scholarship will be suspended if we do not receive your grades by the deadline. If you encounter a problem and you cannot get your grades to the Education Department by the deadlines you must submit written documentation stating the reason from the Registrar’s Office.

Students are required to read and understand the Fort Peck Tribes Education Department Student Handbook Policies each and every new academic school year for updates/changes. The policies in the Handbook will be enforced. If you do not receive a Handbook with your application packet please call the Education Department and one will be mailed to you or if you have any questions please feel free to call: 1-800-799-2926 or 406-768-5136.
FINANCIAL NEEDS ANALYSIS
PART I - To be completed by student

NAME: ____________________________ SSN: ____________________________

MAILING ADDRESS: ____________________________

CITY: ____________________________ STATE: __________ ZIP: __________

TELEPHONE: ____________________________

I understand and agree to apply for all and any campus based aid that I am eligible for to be
considered for a Tribal Higher Education Scholarship. I agree to submit all the necessary forms
to my college’s financial aid office by due date.

Signature: ____________________________ Date: ____________________________

PART II - To be completed by Financial Aid Officer

Please complete the information below and return it to our office by July 15, 4:30 p.m. even if
the student’s financial aid package is not complete. Once it is complete please send revised
information to our office as soon as possible. Thank you.

A. Budget Period: __________20____To: __________20____
B. Student Status: □ Independent □ Dependent
C. Term: □ Quarter □ Semester □ Tri-Semester □ Other
D. Funding Period: Fall_________Winter__________Spring__________

COST OF ATTENDANCE AND CAMPUS BASED AID PLUS OTHER RESOURCES
Please list costs separately

TUITION: $_______ SPOUSE CONT. $_______ PELL: $_______
FEES: $_______ PARENT CONT. $_______ SEOG: $_______
BOOKS: $_______ STUDENT CONT. $_______ SSIG: $_______
ROOM: $_______ VETERANS BENF. $_______ CWS: $_______
BOARD: $_______ VOC. REHAB. $_______ UNSUB LOANS__________
TRANS. $_______ SOCIAL SECURITY $_______ SUBSIDIZED $_______
PERSONAL $_______ STATE (INDIAN) $_______ PERKINS $_______
OTHER $_______ OTHER (SPECIFY) $_______ SCHOLARSHIP $_______

TOTAL EXPENSES:$ ____________ TOTAL RESOURCES:$ ____________

E. We verify that this student’s unmet financial need is: $ ____________
F. INFORMATION REGARDING CAMPUS – BASED AID:

1. Student □ has, □ has not applied for campus based aid.
2. Student applied on ____________, 20______
   Application was: □ Complete □ Incomplete
   Application was submitted: □ On time □ Late
3. Student’s financial aid package is: □ Complete □ Incomplete
4. If student is not eligible for campus – based aid please provide reason: ____________________

G. Is student Pell eligible? Yes or No  If No reason:
   □ Suspended □ Appeal Pending
   □ At Limit (150% Rule) □ At Limit (Pell)

H. SIGNATURE:  (FINANCIAL AID OFFICER)

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I. MAKE CHECK PAYABLE TO: □ College Name □ Student Name & ID

J. Attention Office of: □ Financial aid □ Accounts Receivable □ Bursar’s office

FINANCIAL AID OFFICER INFORMATION & DIRECTIONS

Section A – Our academic year is from September to May.
Section B – Student status please check one.
Section C – Please check your college’s terms.
Section D – Please provide funding periods.
Section E – This is your verification of student’s unmet need.
Section F – Please provide any campus – based aid information.
Section G – Pell eligibility information.
Section H – Please sign and provide us with check mailing address.
Section I – Please let us know how check should be made out (i.e. College or Student Name)
Section J – Please indicate which office the check should be mailed attention to.

PLEASE SUBMIT TO THE TRIBAL EDUCATION OFFICE BY JULY 15, FOR THE ACADEMIC YEAR. Even if this student’s financial aid packet is not complete by the end of May. Please provide as much information as possible.

PLEASE MAIL TO: FORT PECK TRIBAL EDUCATION DEPARTMENT
               P.O. BOX 1027
               POPLAR, MONTANA  59255

FOR ANY QUESTIONS PLEASE CALL:  406-768-5136, 800-799-2926
                                  or 406-768-3556 FAX
TO BE INITIALIZED BY APPLICANT

I agree to attend the school indicated on this application. I agree to follow all rules, regulations and attendance requirements of the school. To the best of my ability I will satisfactorily complete the study which I have selected. I further agree to utilize all funds issued to me from the Fort Peck Tribes Higher Education Scholarship Program for educational purposes or repayment will be made to the Fort Peck Tribes. I authorize the school to release my grades, attendance, and income information to the Fort Peck Tribes Education Department

(PRIVACY ACT FORM)

(PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT):

2. Disclosure of the requested information is to determine your eligibility for financial aid.
3. The purpose of this information collection is to determine your eligibility for financial aid.
4. The routine use of this information if by Tribal Education Officials and school financial aid offices to evaluate your request to assist you during your education.
5. Failure to provide requested information may result in a delay or denial in receiving a Higher Education Scholarship.

I have read the above statement. I agree to provide the required information and authorize the use of such information to be the extent of the purposes specified in the statement.

Applicant’s Signature ____________________________ Date ____________
STUDENT AGREEMENT FORM

The Fort Peck Tribes Education Department’s Board of Directors requires all students in the Adult Vocational Training program to sign this agreement. Please read each item below then sign your initials next to each item, indicating that you have read that item.

_____ I agree to read and understand my Adult Vocational Training Program Handbook.

_____ I will call the Education Department if I do not understand any items within the Handbook.

_____ I understand the deadline to turn in my semester grades is **January 10\(^{th}\)** for the Fall and **June 10\(^{th}\)** for the Spring. (Quarter term students have 15 days after quarter ends). **Failure to turn in grades by the deadline will result in automatic suspension.**

_____ I acknowledge it is my responsibility to ensure grades are submitted to the Education Department.

_____ I acknowledge the deadline date to turn in my scholarship applications is **July 15\(^{th}\)**.

Please return this form along with your completed Adult Vocational Training (AVT) application to the Fort Peck Tribes Education Department and keep a copy for your records.

____________________________________   _________________________
Student Signature                     Date