

**FINANCIAL AID PROCESS**  
**JOB TRAINING AND PLACEMENT PROGRAM**

The Northern Cheyenne Tribal Education Department and Vocational Training Program each have their own Financial Aid Process. Please use the following guide to help you complete all your documents to assure your funding will be ready when you register for training. **KEEP THIS PAGE FOR YOUR RECORDS AND INFORMATION.**

**STUDENTS DO NOT DEPEND ON SOMEONE ELSE TO COMPLETE YOUR PAPERWORK**  
**KEEP COPIES OF ALL YOUR DOCUMENTS**

TELEPHONE NUMBERS: 1-800-353-8183 406-477-6567 406-477-6643 406-477-6770 406-477-6602 FAX: 406-477-8150  
ADDRESS: NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT, P.O. Box 307, LAME DEER, MT. 59043  
WEB PAGE: [www.cheyennation.com](http://www.cheyennation.com)

**NORTHERN CHEYENNE TRIBAL EDUCATION**  
**DOCUMENT REQUIREMENTS**

**TRAINING PROGRAM**  
**REQUIREMENTS**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>  Filled out and submitted Tribal Education application<br/><b>December 1 Fall, October 1 Winter/ Spring,<br/>Summer April 1,</b></li><li>  6<sup>th</sup> semester high school transcript (graduating senior)<br/>Deadline: December 1.</li><li>  Official College/High School Transcript / copy GED<br/>Scores. Deadline: June 30.</li><li>  One written page – Educational Goals</li><li>  One letter of Reference ( No relatives)</li><li>  Copy of Degree of Indian Blood Certificate /NO CARDS</li><li>  Copy of application for Admissions from training<br/>program</li><li>  Acceptance letter from Training Program (June 30)</li><li>  Proof of filing for financial aid. FAFSA due before<br/>December 1. <b>Can apply for FAFSA, Oct 1.</b></li><li>  Copy of SAR/ISAR/ESAR (March 31)<br/>*Tax Transcript if verified.</li><li>  <b>Individual Self Sufficiency Plan</b></li><li>  <b>Needs Analysis Due by May 31 for Fall Semester<br/>December 1 for Winter Quarter/Spring Semester</b></li><li>  <b>Parent and student apply for User ID and Password<br/>to access Financial Aid Information. Remember your<br/>User ID and Password. Do Not Lose.</b></li><li>  Recommend new and transfer students attend orientation<br/>Sessions at their selected institutions.</li></ul> | <ul style="list-style-type: none"><li>  Decide on community college, vocational training<br/>school by OCTOBER 1<sup>st</sup>.</li><li>  Applied for admission or re-admission (send admission<br/>fee)</li><li>  Applied for Financial Aid</li><li>  Returned all required completed forms to the financial<br/>aid office at the votech or community college by DEC. 1.</li><li>  Student applied for housing and sent in deposit<br/>(Deposit is the responsibility of the student)</li><li>  Send final official high school/college or GED scores to<br/>the admissions office</li><li>  Assure the financial aid office has received all required<br/>documentation. Sign 3<sup>rd</sup> party release form for financial<br/>aid.</li><li>  Applied or re-applied for the Indian Fee Waiver</li><li>  <b>Transfer students must request a Transcript<br/>Evaluation</b></li><li>  Take required placement tests.</li><li>  Sent immunization records to the votech or community<br/>college.</li></ul> |
|---|---|

**\*FAXED APPLICATIONS WILL NOT BE ACCEPTED.**  
**\*FEDERAL EXPRESS MUST BE DATED BEFORE**  
**THE DEADLINES. Documents must be in the office by**  
**the deadline date.**

**DEADLINE DATES: BEFORE**  
**DECEMBER 1<sup>ST</sup> – FALL QUARTER/SEMESTER**  
**OCTOBER 1<sup>ST</sup> – WINTER /SPRING QUARTER**  
**SPRING SEMESTER**  
**APRIL 1<sup>ST</sup> – SUMMER SESSION**

Revised 5/9/23

**JOB PLACEMENT AND TRAINING APPLICATION  
NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT  
P.O. BOX 307  
LAME DEER, MONTANA 59043**

(406) 477-6567    (406) 477-6602    (406) 477-6643    (406) 477-6770    Fax (406)477-8150    1-(800) 353-8183

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Permanent Address \_\_\_\_\_ Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Enrollment Number/Degree \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_ Sex: Male ( ) Female ( )

Marital Status: S ( ) M ( ) W ( ) D ( ) Separated ( ) Type of High School: BIA ( ) Tribal Contract ( ) Private ( )

Public ( ) High School Attended: \_\_\_\_\_ Year Graduated \_\_\_\_\_

GED ( ) Home Schooled ( ) Date Received \_\_\_\_\_

Vocational Training Requested: \_\_\_\_\_

Name of Institution \_\_\_\_\_ Fall ( ) W ( ) SP ( ) SU ( ) Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever attended another college or training program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Where? \_\_\_\_\_

Transfer students must do a transcript evaluation.

Have you been funded by the Tribal Education Department? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, What year? \_\_\_\_\_

**DEPENDENTS WHO WILL BE LIVING WITH APPLICANT AT SCHOOL**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_

**STATEMENT REGARDING DISCLOSURE OF PERSONAL INFORMATION**

Disclosure by you of your social security number, transcript or school grades, medical records, income information, veterans status, arrest record, debt, disability evaluations and other information which may have a bearing on your application for schooling is voluntary. Failure to provide requested material may result in a delay or denial in receiving educational assistance. The authority which authorizes collection of information is: CFR 25, 34.2 USC 13 and 309 831 AM 4. The information will be used to determine eligibility for services. It will be used by the Tribal Education Department and school counselors to evaluate your request and assist you before and during your schooling. After completion of college, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control that need budgeting information contained in the application.

**I AUTHORIZE THE USE OF INFORMATION IN THE ABOVE MANNER:**

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

E-Mail Address

5/9/23

**NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT**  
**MUST BE COMPLETED BY THE APPLICANT TO BE ELIGIBLE FOR A SCHOLARSHIP**  
**RELEASE OF INFORMATION FROM THE VOCATIONAL TRAINING SITE**

Please sign each section for each semester/quarter you will attend for your training program.

<hr/> <b>Vocational Training Institute</b>	<hr/> <b>City</b>	<hr/> <b>State</b>	<hr/> <b>Zip Code</b>
<hr/> <b>Student Name (Please Print)</b>	<hr/> <b>Social Security Number or Student ID</b>	<hr/> <b>Date of Birth</b>	

I hereby apply for and agree to attend the Vocational Training Institution indicated above. I will carry at least 12 or more credit hours as required in my course of study or 30 clock hours. I will do my best to satisfactorily complete the courses which I have selected. I further agree that the Tribal Education funds issued will be used for educational purposes or repayment will be made to the Tribal Education Department. I understand the PELL and other funding available to me will be included when computing my financial aid package and I agree to use funds for the purposes intended. **I authorize the Vocational Training Institution to release grades, mid-term progress reports, attendance information and I consent to release financial information to a third party. Information can be sent to the Northern Cheyenne Tribal Education Department, P.O. Box 307, Lame Deer, Mt. 59043.**

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**Signature** 

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**Date**

.....

<hr/> <b>Vocational Training Institute</b>	<hr/> <b>City</b>	<hr/> <b>State</b>	<hr/> <b>Zip Code</b>
<hr/> <b>Student Name (Please Print)</b>	<hr/> <b>Social Security Number or Student ID</b>	<hr/> <b>Date of Birth</b>	

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**Signature** 

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**Date**

.....

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**Signature** 

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**Date**

**STUDENT RELEASE FORM**

I \_\_\_\_\_ GIVE MY PERMISSION  
(Signature)

FOR INFORMATION TO BE RELEASED TO THE NORTHERN CHEYENNE TRIBAL EDUCATION  
DEPARTMENT AT LAME DEER, MT.

**RELEASE FORM**

I \_\_\_\_\_ GIVE MY PERMISSION  
(Print Name)

FOR MY PARENTS/GRANDPARENTS \_\_\_\_\_ TO ACCESS  
INFORMATION FROM MY TRIBAL EDUCATION STUDENT FILES.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature)

**RELEASE FORM**

I \_\_\_\_\_ GIVE MY PERMISSION  
(PRINT NAME)

FOR MY PARENTS/GRANDPARENTS \_\_\_\_\_ TO ACCESS  
INFORMATION FROM MY TRIBAL EDUCATION STUDENT FILES.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature)

**STATEMENT OF PRIVACY**

The Privacy Act of 1974 requires each federal agency that maintains a system of information on individuals to inform those individuals as to:

- A. The authority whether granted by statute, or by executive order of the President which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
- B. The principal purpose or purposes for which the information is intended to be used;
- C. The routine uses which may be made of the information, as published pursuant to Paragraph (4) (D) of this subsection and
- D. The effects on him/her, if any, of not providing all or any part of the requested information.

The Northern Cheyenne Tribal Education Department Higher Education and Job Placement and Training Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, part 32 Administration of Education Loans, Grants and Other Assistance for Higher Education. In Accordance with the accountability required for administration of the funds appropriated for the program and in order to provide services to recipients and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education or vocational training scholarships under this program.

I have read the statement or privacy listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**DATE**

**JOB PLACEMENT AND TRAINING GUIDELINES**

**STUDENT  
ACKNOWLEDGEMENT**

**THE JOB PLACEMENT AND TRAINING GUIDELINES ARE VERY IMPORTANT TO YOUR SUCCESS IN COMPLETING YOUR TRAINING. IT IS VERY ESSENTIAL THAT YOU READ AND UNDERSTAND THE GUIDELINES TO ASSURE YOU STAY IN COMPLIANCE WITH THE JOB PLACEMENT AND TRAINING PROGRAM. THE GUIDELINES WILL ASSIST YOU THROUGHOUT YOUR EDUCATIONAL PROGRAM.**

**NO FUNDING WILL BE PROVIDED UNLESS THIS DOCUMENT IS SIGNED AND RETURNED TO THE TRIBAL EDUCATION DEPARTMENT WITH YOUR APPLICATION.**

**I HAVE RECEIVED AND READ THE JOB PLACEMENT AND TRAINING GUIDELINES. I UNDERSTAND MY RESPONSIBILITIES AND AGREE TO ABIDE BY THESE GUIDELINES .**

**SIGNED** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Revised 5/9 /22**

**INDIVIDUAL SELF SUFFICIENCY PLAN (ISP)**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Tribal Membership:** \_\_\_\_\_ **Enrollment Number:** \_\_\_\_\_

**Education: High School** \_\_\_\_\_ **GED:** \_\_\_\_\_

**Previous Training:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Post Secondary Education:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Previous Employment:** \_\_\_\_\_

**WIA Services:** \_\_\_\_\_

**Special Skills:**

\_\_\_\_\_  
\_\_\_\_\_

**Request: Vocational Training:** \_\_\_ **Job Placement:** \_\_\_ **On The Job Training:** \_\_\_ **Short Term** \_\_\_

**Goals:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Action Plan Individual:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

**Tribal Education Action Plan:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_