



Prairie Band Potawatomi Nation
Education Department

Application for Adult Vocational Training Grant

To be considered for funding you need to complete and submit ALL of the following items:

1. ___ Application
2. ___ Letter in writing stating why you need the grant and how it will be used.
3. ___ Copy of Certificate of Degree of Indian Blood (CDIB).
 - a. If you do not have this certificate, one may be requested from the Enrollment Department, 16281 Q Road, Mayetta, KS 66509 or toll free at 877.715.6789, ext. 3914.
4. ___ Transcript from last school attended or verification of G.E.D.
 - a. If you have previously attended college, the Registrar's office at that institution must mail an official transcript, showing your last semester's grades, which must include a cumulative grade point average.
 - b. **We will NOT accept your copy of your grades or an unofficial transcript.**
5. ___ You must provide this office with a copy of your *Student Aid Report* (SAR). It is verification that a *Free Application for Federal Student Aid* (FAFSA) has been completed.
 - a. **If you do not complete the FAFSA you will not be eligible for this grant program.**
 - b. You can go online to www.fafsa.ed.gov or ask your school for a form.
6. ___ The *Financial Aid Package Form* (FAP). It is the last page of this application. You need to complete the top portion and then send it to the Financial Aid Office of the institution you will be attending AFTER you have received your SAR. Without your SAR information the institution will process the form as "incomplete."
 - a. **Do not send this form to PBPB Education office. The institution will send it to us once they have completed it.**
 - b. **However it is still YOUR responsibility to make sure the Financial Aid Office forwards the completed form before the deadline. Do not assume they will do this – double-check with them.**
7. ___ Letter of admission from the vocational technical school **WITH** verification from the school of Full-time Status.
8. ___ Student Agreement. Applications will not be considered complete if this form is not signed and returned.

You must submit all of the above required items on or before the deadline to be eligible for funding.

DEADLINE: 2 months prior to start date or payment due date, whichever occurs first.

Applications received less than 2 months prior to the start date or payment due date will be reviewed based on available funds.

Prairie Band Potawatomi Nation –Adult Vocational Training Application

Information Record

PBPN Enrollment No. _____

Last Name First Middle (Maiden)

Mailing Address: Street City Zip Code County

Email Telephone

Social Security No. Date of Birth Veteran Yes ___ No ___

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ No. of Dependents _____

How did you obtain this application? Email ___ Fax ___ Internet ___ Mail ___ Walk-in ___ Other _____

Education

Highest Grade Completed _____

Schools Attended and Dates _____

Training

Type of Training or Employment you are interested in _____

Do you have any physical limitations that would interfere with your training or employment? Yes ___ No ___

If yes, please explain _____

Training or Employment Location Desired _____

Course No. and Title _____

School Address _____

Do you have income from any source? Yes ___ No ___

If yes, please explain _____

Employment Record (List your three most important periods of employment)

From _____ To _____ Employer Name and Address _____

Job Title _____ Description of Duties _____

Reason for Leaving _____

From _____ To _____ Employer Name and Address _____

Job Title _____ Description of Duties _____

Reason for Leaving _____

From _____ To _____ Employer Name and Address _____

Job Title _____ Description of Duties _____

Reason for Leaving _____

Applicant Signature

Date

Prairie Band Potawatomi Nation - B.I.A. Higher Education Grant Application
FINANCIAL AID PACKAGE FORM

PART I: To Be Completed By Student

Name _____ Social Security No. _____

Home Address _____

Street _____ City _____ State _____ Zip Code _____

Telephone _____ Email _____

Marital Status _____ No. of Dependents _____

Degree Program _____ Years in College _____

To Financial Aid Office: Please send the necessary application for college administered financial aid. I give permission for the University to release financial and academic information to the Prairie Band Potawatomi Nation. The Prairie Band Potawatomi Nation will need financial aid information listed in PART II below BEFORE any action will be taken on my application. When all the necessary information is on file in your office, please complete and forward to:

**Prairie Band Potawatomi Nation
 Education Department
 16281 Q Road
 Mayetta, Kansas 66509**

 Signature of Student Date

DEADLINES: FALL SEMESTER: JULY 1/SPRING SEMESTER: NOVEMBER 1

****ALL STUDENTS ARE REQUIRED TO APPLY FOR ALL OTHER SOURCES OF FUNDING AVAILABLE THROUGH THE FINANCIAL AID OFFICE****

PART II: To Be Completed By Financial Aid Officer

This student has applied to the Prairie Band Potawatomi Nation's Education Office. Verified financial need information is requested through your office before any action will be taken on the application. Please complete this form and forward to the above address.

- | | |
|---|---|
| <p>() Student has not yet applied for financial aid. Need cannot be determined.</p> <p>() Student applied late. Will not be considered for funding.</p> <p>() Student's application is incomplete and cannot be considered.</p> <p>() Funds exhausted at Institution.</p> | <p>Student is considered:
 Independent: _____
 Dependent: _____</p> |
|---|---|

BUDGET PERIOD - From _____ To _____ Which will start on _____
Date

COLLEGE/UNIVERSITY BUDGET

Tuition _____
 Fees _____
 Room/Board _____
 Books _____
 Travel _____
 Miscellaneous _____
 Other (specify) _____

STUDENT RESOURCES & INSTITUTION AWARDS

Parental Contribution _____
 Student/Spouse Contribution _____
 AFDC/Welfare _____
 Veteran's Admin. Benefits _____
 Social Security _____
 State Grants _____
 State Indian Scholarship _____

S.E.O.G. _____
 PELL Grant _____
 Perkins Loan _____
 Stafford Loan _____
 College Work Study _____
 Voc. Rehab. _____
 Other _____

TOTAL COSTS _____ TOTAL RESOURCES _____

We recommend that the Higher Education Grant award for this student be \$ _____

Signature _____ Date _____ Telephone No. _____
Financial Aid Officer

College Information _____
Institution Name

 Address City State Zip Code



Prairie Band Potawatomi Nation
Education Department

Student Agreement

I, _____, am an enrolled member of the Prairie Band Potawatomi Nation (PBPN) who has applied for scholarship assistance through the Prairie Band Potawatomi Nation Education Department Higher Education Program for the academic year _____.

I have read the policies, procedures and guidelines for the program and understand what my responsibilities are as a student attending an accredited college, university or technical school.

I agree to abide by all policies governing the PBPN Education Department Higher Education Programs.

Further, I understand that should I fail to meet the eligibility criteria and academic requirements I may be placed on Academic Probation or Suspension in accordance with the Satisfactory Academic Progress Policy. I understand this means my scholarship award may be suspended for failure to comply.

I have read the deadline date requirements and understand that applications received after the required deadline date will be denied. I agree to take full responsibility for my academic achievements and progress.

Student Signature

Name of Institution

Date

Academic Year

Date received by the PBPN Education Department: _____
Date Initial