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# Adult Vocational Training Program Scholarship Application Packet

## **2023-2024**

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Dear Student,

Thank you for your interest in applying for the Chippewa Cree Adult Vocational Training Program through Stone Child College. Please be sure to read the Adult Vocation Training (AVT) Handbook as it does contain important information regarding eligibility and requirements. The AVT Handbook can be accessed online at <https://www.stonechild.edu/scholarships-higher-ed/>

There are **two (2)** deadlines for the AVT Program.

- Adult Vocation Training Program Application deadline: **March 31, 2023**
- File completion deadline: **June 30, 2023**

Please note that it is the applicant's responsibility to submit all application items required to complete their file by each deadline date.

The purpose of the Adult Vocational Training Program is to assist Rocky Boy's Chippewa Cree Tribal members living on the Rocky Boy's Indian Reservation to acquire the job skills necessary for full time satisfactory employment. The program provides for full time institutional training at accredited vocational institutions that offer vocational two year degrees or certificates or trade schools.

Tribal members may not receive more than twenty-four (24) months of full time training, however Registered Nursing students may receive no more than thirty-six (36) months of training. This opportunity helps develop their potential and prepare them for employment. Success depends on each tribal member's motivation, dedication, and self-discipline.

If an application is submitted after the March 31<sup>st</sup> deadline date, it will be marked as LATE and kept on file. We cannot guarantee any funding for late applicants only if funding is available later in the year. If there is funding available, we will review the LATE applications and the Board of Directors will decide if we are able to assist with funding.

Included in this packet are the following documents:

- **Checklist for the Adult Vocational Training Program**
- **2023-2024 AVT Program Application Form**
- **Financial Needs Analysis Form**
- **FERPA/Release/Disclosure Form**

If you have any questions or concerns regarding the application process, or need clarification, please contact me at (406)399.4875 ext. 1245 or by email at [abelcourt@stonechild.edu](mailto:abelcourt@stonechild.edu)

Sincerely,

Amanda Belcourt, Scholarship Officer & Career Counselor

# Adult Vocational Training Program Checklist

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The Adult Vocational Training Program application is submitted online at [stonechild.edu](http://stonechild.edu). The Higher Education Program has two (2) application deadline dates.

## **March 31 – first deadline date to submit the following:**

1. Adult Vocational Training Program application found online at [stonechild.edu](http://stonechild.edu) in the scholarship section.
2. Verification that Financial Aid Application (for a Pell Grant) has been applied for.

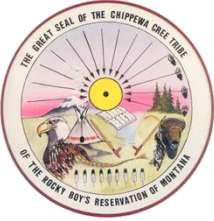
Applicants who submit the above applications by March 31 deadline date will have until June 30 to complete their files.

## **June 30 – second and final deadline date, submit the following to complete your file:**

3. **Needs Analysis (budget)** – must be completed and signed by the Financial Aid Office at the Institution the applicant plans to attend.
4. **College Acceptance Letter** – must be from the admissions office.
5. **Chippewa Cree Tribal Enrollment Certification** – contact the Chippewa Cree Tribal Enrollment Office (406) 395-5238 for the Certification of Indian Blood or tribal ID.
6. **High School Final Grade Transcripts, HiSET or GED Scores** - Official high school grade transcripts must show a final 2.50 grade point average or higher. HiSET Comprehensive Score Report must be 45, a score of 2 out of 6 on the language arts essay and a score of 8 or higher on each subtest. GED scores must show a 450 or 45 test score.
7. **College Grade Transcripts** - submit college grade transcripts from the registrar's office and all colleges/universities previously attended.
8. **FERPA/Release of Information/Disclosure Form** – signed and submitted to the Higher Education office upon acceptance for funding.
9. **Handbook Tear Out Page** – read and sign the tear out page which means you read and understand the Adult Vocational Program policies and procedures upon acceptance for funding.
10. **Personal Letter of Interest** – include college major and plans upon earning an Associate or Bachelor Degree and your willingness to work for the Chippewa Cree Tribe if employment in your field of education is available.
11. **Education Plan** – The plan must show all courses completed and the courses needed to earn a Certificate or Associate Degree in the chosen major the applicant has declared, it must be signed by a college advisor and must show your graduation date.

**Continuing students** - are to submit a PDF document that states “Not required; already on file” into the application for college acceptance letter if not changing schools, tribal enrollment certification, high school transcripts and letter of interest. All other uploads are required to be updated.

**Please note that it is the applicant's responsibility to submit all application items required to complete their file by each deadline date.**



# 2023-2024 Higher Education Scholarships Application

**Application Deadline: March 31, 2023**

**Higher Education Program Office**

8294 Upper Box Elder Rd, Box Elder, MT 59521

P: 406.395.4875 F:406.395.5017



## I. STUDENT INFORMATION

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\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*M.I. \_\_\_\_\_ \*Maiden Name: \_\_\_\_\_

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\*Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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\*Home Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male [ ] Female [ ] Other [ ] \*Place of Birth: \_\_\_\_\_

Veteran: Yes [ ] No [ ] \*State of Residency: \_\_\_\_\_ \*Chippewa Cree Enrolled: Yes [ ] No [ ]

CCT Enrollment #: \_\_\_\_\_

## II. FAMILY INFORMATION

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_

Dependents: Yes [ ] No [ ] # of Dependents: \_\_\_\_\_

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**\*Mother's First Name:** \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

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Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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\*Mother's Tribe: \_\_\_\_\_

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**\*Father's First Name:** \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

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Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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\*Father's Tribe: \_\_\_\_\_

**III. HIGH SCHOOL/GED**

\_\_\_\_\_  
High School Attended

\_\_\_\_\_  
Graduate Year or Date HiSet/GED Received

\_\_\_\_\_  
School Address

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

**IV. COLLEGE INFORMATION**

\_\_\_\_\_  
College/University Attending

\_\_\_\_\_  
College University Phone #:

\_\_\_\_\_  
College/University Address

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

\_\_\_\_\_  
Major

\_\_\_\_\_  
Expected Degree (AA, AAS, BA, BS, MA, MS, MBA)

\_\_\_\_\_  
Enrollment Status (Full Time / Part Time)

\_\_\_\_\_  
Expected Graduation Date

Term Format: Semester \_\_\_\_\_ Quarter \_\_\_\_\_ Hours \_\_\_\_\_ (Vocational)

\_\_\_\_\_  
Past College/University

\_\_\_\_\_  
Graduation Date

\_\_\_\_\_  
College/University Address

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

\_\_\_\_\_  
Past Major

\_\_\_\_\_  
Past Degree (AA, AAS, BA, BS, MA, MS, MBA)

\_\_\_\_\_  
Past College/University

\_\_\_\_\_  
Graduation Date

\_\_\_\_\_  
College/University Address

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

\_\_\_\_\_  
Past Major

\_\_\_\_\_  
Past Degree (AA, AAS, BA, BS, MA, MS, MBA)

**V. APPLICATION INFORMATION**

Application Type: Higher Education\_\_\_\_\_ Adult Vocational Training (AVT)\_\_\_\_\_ CCT Graduate\_\_\_\_\_

Application for: Academic Year 20\_\_\_\_ to 20\_\_\_\_\_

I am a: Continuing Student [ ] New Student [ ] Returning Student [ ] (see Policy definitions)

Have you received any funding from the Higher Education Program Office in the past? YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, which scholarship? Higher Ed\_\_\_\_\_ AVT\_\_\_\_\_ CCT Graduate\_\_\_\_\_

How many semesters/quarters or years on program? \_\_\_\_\_

**STATEMENT OF CERTIFICATION**

I hereby certify that, to the best of my knowledge, I have answered the questions on this form accurately. I understand that providing false or misleading information may result in the delay or denial in receiving a Higher Education Program Scholarship.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CHIPPEWA CREE TRIBAL SCHOLARSHIP PROGRAMS

8294 Upper Box Elder Road  
Box Elder, MT 59521  
Phone: 406-395-4875 ext 1245  
Fax: 406-395-5017 or 4836

## FINANCIAL NEEDS ANALYSIS (Budget)

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**APPLICANT** – Complete this section, after completion submit to the financial aid office at the institution you plan to attend:

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Marital Status: Single \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Number of Dependents: \_\_\_\_\_  
Grade in College: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Other \_\_\_\_\_

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**FINANCIAL AID OFFICER** – Complete this section, after completion please send to the above address. The above student has applied for a tribal scholarships and verified financial need information is requested from your office before we can determine the student's eligibility and reward amount.

<b>EXPENSES:</b>		<b>RESOURCES:</b>			
Tuition/Fees	\$ _____	Personal/Summer	\$ _____	Pell Grant	\$ _____
Room/Board	_____	Parent Contribution	_____	MTAP	_____
Book/Supplies	_____	Spouse Contribution	_____	FSEOG	_____
Transportation	_____	Veteran's Benefits	_____	MTHG	_____
Personal	_____	Indian Fee Waiver	_____	Work Study	_____
Other	_____	Loan/Other	_____	Perkins Loan	_____
Total Expense:	\$ _____			Total Resources:	\$ _____

STUDENT UNMET NEED (Expenses Less Resources) \$ \_\_\_\_\_

Student Budget Period: \_\_\_\_\_ TO \_\_\_\_\_  
(Month) (Year) (Month) (Year)

Student is considered: Independent \_\_\_\_\_ Dependent \_\_\_\_\_  
Student Financial Aid Status: Good Standing \_\_\_\_\_ Probation \_\_\_\_\_ Suspension \_\_\_\_\_ Default \_\_\_\_\_  
Your institution is on: Semesters \_\_\_\_\_ Quarters \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Date Financial Aid Officer Signature Institution

\_\_\_\_\_  
Phone Number Address

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Tribal Scholarship Program applicants must apply for Federal Student Aid by March 1, and complete the Tribal Scholarship Application Process online by final deadline date of June 30<sup>th</sup> each year.

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**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

I, \_\_\_\_\_ (student) read the FERPA law above and will abide by this law. I will communicate directly with the Stone Child College Higher Education Scholarship Program office.

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

**RELEASE OF INFORMATION**

I, \_\_\_\_\_ authorize release of any and all information requested by the Chippewa Cree Tribe/Stone Child College Higher Education Scholarship Programs Office. The information may be written and/or verbal and must include, but, is not limited to my academic performance, financial aid, income, personal information (such as, address, telephone number). I understand the Higher Education Scholarship Programs Office will maintain the confidentiality of such information.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Address) \_\_\_\_\_ (Telephone Number)

\_\_\_\_\_  
(City) (State) (Zip Code) \_\_\_\_\_ (Social Security Number)

**DISCLOSURE OF PERSONAL INFORMATION:**

Disclosure by you of your social security number, transcripts or school grades, medical records, and income verification, veteran's status, legal records, debt, disability evaluation and other information which may have a bearing on your application. The authority for collection of this information is: CFR 25, 34.2 U.S.C. 13 and 309 831 AM 4. The sole purpose of this information is to determine eligibility.

I AUTHORIZE THE CHIPPEWA CREE TRIBE/STONE CHILD COLLEGE HIGHER EDUCATION PROGRAMS THE USE OF THE INFORMATION LISTED ABOVE.

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