

**INDIAN TOWNSHIP
PASSAMAQUODDY EDUCATION & TRAINING PROGRAM
EDUCATION ASSISTANCE APPLICATION
FOR THE _____, _____ ACADEMIC YEAR**

DATE: _____
INITIAL APPLICATION YES ___ NO ___
REPEAT APPLICATION 2ND ___ 3RD ___ 4TH ___

APPLICATION INFORMATION

NAME: _____
ADDRESS: _____
TELEPHONE: _____ SEX: MALE FEMALE
MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED
BIRTH DATE: _____ AGE: _____ VETERAN: YES NO
CENSUS INFORMATION: TRIBE _____
RESERVATION: ON OFF SOCIAL SECURITY NO: _____

HOUSEHOLD FINANCIAL INFORMATION

LIST EVERYONE CURRENTLY LIVING IN YOUR HOME.

NAME	RELATIONSHIP	WORKING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL HOUSEHOLD INCOME:

APPLICANT _____ SPOUSE _____ PARENT(S) _____

OTHER INCOME: (MONTHLY)

AFDC _____ SOCIAL SECURITY _____ VA BENEFITS _____

FOOD STAMPS _____ CHILD SUPPORT _____ GA _____ OTHER _____
ANTICIPATED INCOME WHILE IN SCHOOL:

INCOME _____ WORK STUDY _____ FAMILY CONTRIBUTION _____

BEOG-PELL _____ SCHOLARSHIPS _____ (SPECIFY) _____ VA _____

LOANS _____ PUBLIC ASSISTANCE _____ OTHER _____

EDUCATION

APPLICANT IS A GRADUATE OF: HIGH SCHOOL _____ GED _____

DATE GRADUATED OR OBTAINED GED: _____

NAME AND ADDRESS SECONDARY SCHOOL APPLICANT ATTENDED:

PREVIOUS COLLEGE OR VOCATIONAL SCHOOL ATTENDED: YES NO

NAME AND ADDRESS OF POST SECONDARY SCHOOL(S) ATTENDED:

NAME AND ADDRESS OF SCHOOL APPLICANT HAS BEEN ACCEPTED INTO:

TUITION COST PER SEMESTER: _____ WAIVER: YES NO

ROOM/BOARD COST PER SEMESTER: _____ WAIVER: YES NO

WHAT TYPE OF ASSISTANCE IS BEING REQUESTED THROUGH THIS DEPARTMENT?

COST OF STUDY/TYPE OF DEGREE/DIPLOMA OR CERTIFICATE BEING PURSUED?

STUDENT WILL BE FULL TIME _____ PART TIME _____

YEAR IN SCHOOL: 1 2 3 4

TRAINING/ACADEMIC OBJECTIVE: _____

EMPLOYMENT GOALS: _____

I CERTIFY THAT THE INFORMATION THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO PROVIDE, IF REQUIRED, AN DOCUMENTATION NECESSARY TO VERIFY INFORMATION REPORTED ON THIS FORM. I UNDERSTAND THAT STUDENTS RECEIVING ASSISTANCE BASED ON INCORRECT INFORMATION SUBMITTED ON THIS APPLICATION WILL HAVE TO REPAY FUNDS RECEIVING AND MAY BE SUBJECT TO FURTHER PENALTY.

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE!

PREVIOUS AWARDS _____

ACADEMIC PERFORMANCE _____

COMMITTEE ACTION _____

AVT _____

TRIBAL SCHOLARSHIP _____

**I WILL CONSULT WITH THE EDUCATION DIRECTOR BEFORE CHANGING
SCHOOLS OR VOCATIONAL COURSES, OR BEFORE TAKING ON A PART TIME
JOB.**

APPLICANT/TRAINEE SIGNATURE

DATE

BOOKS AND/OR TOOLS, PURCHASE AGREEMENT

I UNDERSTAND THAT THE BOOKS, TOOLS, AND SPECIAL EQUIPMENT THAT WERE PURCHASED FOR ME AS A NECESSARY PART OF MY TRAINING DO NOT BECOME MY PERSONAL PROPERTY UNLESS I PURSUE MY TRAINING TO COMPLETE. IF I DO NOT COMPLETE MY TRAINING/EDUCATION. I AGREE TO RETURN SUCH BOOKS, TOOLS, AND SPECIAL EQUIPMENT TO THE EDUCATION AND TRAINING DEPARTMENT FOR THE USE OF SOME OTHER TRAINEE. IF I DO NOT RETURN THESE ITEMS. I AGREE TO REPAY THE AMOUNT THAT WAS SPENT ON THEN OR MY ELIGIBILITY WILL BE REVOKED FOR THREE (3) YEARS.

APPLICANT SIGNATURE

DATE

DIRECTOR SIGNATURE

DATE

TRIBAL CLERK SIGNATURE

DATE

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ HEREBY AUTHORIZE RELEASE OF ANY
INFORMATION REGARDING FINANCIAL AID, GRADES AND ATTENDANCE
RECORDS FOR THE ACADEMIC YEAR _____ TO _____ TO THE PASSAMAQUODDY
EDUCATION AND TRAINING PROGRAM AT INDIAN TOWNSHIP.

STUDENT SIGNATURE

DATE

PROGRAM

NEEDS ANALYSIS FORM

PART 1 (To be completed by student)

NAME _____ S.S.# _____

HOME ADDRESS _____

YEAR IN SCHOOL: 1 2 3 4 MAJOR _____ MINOR: _____

MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

I GIVE PERMISSION TO RELEASE INFORMATION REGARDING MY FINANCIAL STATUS TO:

**PASSAMAQUODDY EDUCATION & TRAINING DEPARTMENT
INDIAN TOWNSHIP TRIBAL GOVERNMENT
P.O. BOX 301
PRINCETON, MAINE 04668
(207) 796-2301 EXT. 214**

PART 2 (To be completed by the Financial Aid Office)

This Student has applied to the Passamaquoddy Education and Training Department for financial assistance. Verified Financial need information is needed through your office before we can take action on the application. We would appreciate your assistance in completing this form, or a form like it, and forwarding it to us at the above address.

Budget period _____ To _____
Month/Year Month/Year

This student is considered: INDEPENDENT _____ DEPENDENT _____

Assessed Need \$ _____ Unmet Need \$ _____
Parent Contribution _____ Pell Grant _____ Tuition _____

Student Contribution _____ SEOG _____ Books _____

Spouse Contribution _____ NDSL _____ Room _____

VA Benefits _____ Indian Waiver _____ Board _____

Social Security _____ VOC Rehab _____ Travel _____

State Ind. Scholarship _____ Welfare _____ MISC. _____

State Scholarship _____ Other _____ Other _____

SIGNATURE: _____

Financial Aid Officer _____ Date _____ Telephone# _____
NAME OF COLLEGE/TECH SCHOOL _____