



LBST AVT APPLICATION PROCEDURES & REQUIREMENTS



Grants are available to those adult Indians residing on or near the Lower Brule Indian Reservation who are between the ages of eighteen and thirty-five. Near, meaning those students living near Lyman County and must have lived on or near the reservation for a period of six (6) months prior to application.

The student must enroll as a full-time student (12 credit hours) in an accredited vocational training institution, have a definite financial need and declare intent to accept full-time employment as soon as possible after completion of training.

All applicants must apply for the PELL grant by completing the FAFSA application (Free Application for Federal Student Aid). If a student does not qualify for the PELL Grant, they must pay the first \$500 per semester for tuition, books and fees. After that the AVT program will assist with the costs, **not to exceed \$8,000 per year based on Unmet Need.**

Students receiving grants must attend classes on a regular basis and maintain a 2.0 GPA and carry at least twelve (12) credit hours for each semester funded. Any student failing to meet this requirement will be placed on probation the following semester, then suspension after that semester if satisfactory progress in not made. The student will continue to be funded until they complete their program of study.

It is the responsibility of the student to forward semester and final grades to the Scholarship Officer. **Failure to meet this requirement will jeopardize all future funding.**

ADMINISTRATION OF GRANTS

When a student meets all requirements for AVT assistance, the Financial Aid Office will determine the students unmet need. If funded the balance of the tuition, books, fees and class materials will be paid by the AVT program after all other resources have been applied. **Again, the total paid by the AVT program shall not exceed \$8,000 per year; based on unmet need.** The tools and/or equipment needed for the training will remain the property of the Lower Brule AVT program until such time the student has successfully completed the program, then the tools will become their property. The tools and/or equipment will be checked out as needed by the Institution. The processing time for this application is approximately three (3) weeks from the date of approval. **Therefore, it is advised that the August 1st priority cutoff date be met.**

The amount for Living Assistance is determined by the Scholarship Officer, which depends on the number of dependents and available funds. The checks are due on the 1st of each month and will be mailed to the institution the student is attending during the last week of each month while classes are in session. The institutions' financial aid office will validate the student is still attending full-time (12 CH) before issuing the check to the student.

Applications will be granted Living Assistance based on Unmet Need:

Single/married with <u>no</u> dependents	\$500/month
Single/married with <u>one</u> dependent	\$600/month
Single/married with <u>two</u> dependents	\$600/month
Single/married with <u>three</u> dependents	\$600/month
Single/married with <u>four or more</u> dependents	\$600/month

Checklist of Required Documents Needed for LBST AVT Application

1. ___ Application for Lower Brule Adult Vocational Training grant. (AVT). **Priority cutoff Date: August 1st of each year.**
2. ___ Verification of enrollment from a federally recognized tribe or proof of one quarter degree of Indian blood.
3. ___ Copy of your High School Transcript or GED Certificate
4. ___ Copy of your birth certificate and each dependent child
5. ___ Residency: Must have lived on or near the Lower Brule Indian reservation for a period of six months prior to application
6. ___ Statement of Intent to: attend classes, maintain a “C” average, and to seek employment upon completion of training.
7. ___ Acceptance letter from a vocational training institution
8. ___ Copy of completed Student Aid Report (SAR –PELL/FASFA Grant)
9. ___ Signed Financial Needs Analysis form (attached – **Do not return this with your application Send to the school that you are attending!**)
10. ___ Signed Tool/Equipment Agreement
11. ___ Physical (if required by the Institution)
12. ___ Program of Study
13. ___ Other: _____

All of the above documents are needed for a complete file by August 1st of each year to be considered for funding.

DO NOT RETURN, STUDENT COPY



LOWER BRULE AVT TOOLS/EQUIPMENT AGREEMENT

I, _____, do understand that while I am enrolled and attending classes at this Institution, the tools will remain the property of the Lower Brule Adult Vocational Training program. The tools and/or equipment will be checked out to me by the Institution as needed. I also understand that once I have received my Training Certificate, the tools will be given to me to assist in finding employment.

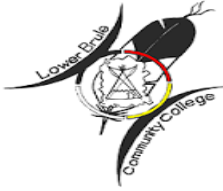
Responsibilities for the tools and equipment will be entirely mine. I will at my own expense replace any lost or stolen tools while they are loaned to me. I understand that should I leave the school before my training is completed, I must return a complete set of tools/equipment back to the Institution/Program. I realize that my failure to return the tools may result in criminal charges.

Student Signature

Date

Institution Representative

Date



LBST AVT GRANT STATEMENT OF INTENT

I, _____, having been accepted for the Adult Vocational Training, (AVT), do agree to attend all scheduled classes and maintain a 2.0 GPA (Grade Point Average) or a "C" average. I understand that if I drop out or I am terminated for poor attendance or a low GPA, I will not be considered for future funding under this program. I also understand that the purpose of the AVT program is to prepare me for employment by providing me with a job skill.

I intend to seek and accept full-time employment in the field for which I was trained upon the completion of my training.

Applicant/Trainee Signature

Date

Lower Brule Sioux Tribe Adult Vocational Training Grant Application

Date Application Received:
____/____/____

By: _____
(Office use only)

Return To:
Lower Brule Community College
AVT Grant Program
PO Box 230
Lower Brule, SD 57548
(605)-473-5028
Fax (605) 473-5105

PLEASE CHECK THE SEMESTER(S) YOU ARE APPLYING FOR:

Enter Academic Year: _____

Fall Sem/Quarter Full Time

Winter Quarter Part Time/LBCC Only
6 – 11 credit hours

Spring Sem/Quarter

Summer New Continuing

Student MUST apply each academic year!

Applicant Information

Last Name	First	Middle Maiden	Email	SSN
Current Address	City	State	Zip	Telephone

<input type="checkbox"/> Male <input type="checkbox"/> Female DOB ____/____/____ <input type="checkbox"/> Single Parent (with dependents) <input type="checkbox"/> Single (with no dependents) <input type="checkbox"/> Married No. of Dependents (including self) ____	Have you received LB Education funding before? Yes / No If yes: What kind? _____ Year: _____ FIRST TIME APPLICANTS: MUST submit documents Tribal enrollment or proof of ¼ degree LB Sioux Tribal enrollment No:
--	--

Secondary Institutional Information

<u>Name/Address of High School/GED</u>	<u>Graduation/GED Date:</u>
_____	<input type="checkbox"/> B.I.A. School <input type="checkbox"/> Private School
_____	<input type="checkbox"/> GED Program <input type="checkbox"/> Public School
_____	<input type="checkbox"/> Tribal Contract/Grant

Vocational School Information

Technical School You Wish To Attend:

Name: _____

Address: _____

City/State/Zip: _____ Phone () _____

Length of Program:

12 Month Tech School _____ Month Certification

18 Month Tech School

24 Month Tech School

36 Month Tech School

Academic Level:

(Year in College) 1-32 Hrs. 33-64 Hrs. 65-97 Hrs. 98-128 Hrs. 129-161 Hrs.

Freshman Sophomore Junior Senior Senior in a 5-year program

Field of Study: _____

Date Classes Begin: _____

Type of Degree You Plan To Receive:

Certificate Two Year Diploma

One Year Diploma AAS Degree

Statement of Certification and Consent to Release Information

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any grant awarded me be mailed to me in care of the financial aid officer of the institution. I declare that I will use any funds I receive under the LBST Post Secondary Education Program solely for educational expenses at the given college/university/vocational school. **I understand that it is my responsibility to provide a copy of my grades to the LBST Post Secondary Education Office at the end of each semester/quarter for continued funding.**

Signature of Applicant: _____ Date: _____

Lower Brule Sioux Tribe
187 Oyate Circle
Lower Brule, SD 57548
(605) 473-5561



LBST Higher Education Department
Lower Brule Community College
111 Little Partisan Lane
PO Box 230
Lower Brule, SD 57548
Phone : (605) 473-5028 Fax: (605) 473-5105

USE OF POST-SECONDARY GRANTS

Funds are appropriated by Congress to aid Indian students who have an unmet financial need after other sources have been sought. Post-Secondary grants serve as a source of aid for Native American students to further their education, but are financially unable to attend an Institute of Higher Education. Native American students are expected to take advantage of the financial aid “package” that the institutions offer. Students applying late for a Post-Secondary grant may not receive that amount applied for. Post-Secondary grants may be used for tuition, subsistence, required fees, textbooks and miscellaneous expenses related to attendance at a college/university.

Post-Secondary grants are considered to be supplemental in nature and based on need. Each applicant will be required to gain support from other public sources and must apply for the PELL grant as this is used as the basis for all financial aid funding.

Due to limited funds in the Post-Secondary Education programs; grants have maximum limits which do not always meet the individual’s unmet need.

Student Copy-Do not return

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to public law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of the individual applying for services. This information will be used to produce statistical records for the Post-Secondary Education Programs. Responses to this request are required to obtain a benefit.

I hereby certify that the information on the LBST Grant Application form and other required documents is true and correct to the best of my knowledge and I consent to the release of this information to necessary agencies to complete my financial aid package. I request that any Post-Secondary Education Grant assistance awarded me be mailed to the Financial Aid Office where I will be attending. I will provide a copy of my grades and/or transcripts to the Education Administration Office at the end of each academic term.

Signature of Student

Date

