



BUREAU OF INDIAN AFFAIRS ADULT VOCATIONAL TRAINING – NOOKSACK INDIAN TRIBE

Adult Vocational Training (AVT) is for enrolled Nooksack Tribal members. Funding is limited to 24 months for a VOC-ED trade and 36 months for nursing certificate.

REMINDER: NO FRAGMENTED APPLICATIONS WILL BE ACCEPTED

The AVT Program is to financially assist the qualified applicant who is enrolled and plan on attending an accredited or certified Vocational/Technical School or a Trade School. The AVT application process has no deadlines set for submitting an AVT application due to the nature of sporadic training schedules. Take note of the school's application deadlines and school calendar.

**YOUR APPLICATION WILL NOT BE PROCESSED IF IT DOES NOT HAVE THE FOLLOWING ITEMS:
REMINDER NO FRAGMENTED APPLICATIONS WILL BE ACCEPTED**

- Completed Application – Must be signed and dated
- Tribal Enrollment Verification (first time applicants)
- Proof of acceptance into the training course
- Class Registration/student schedule
- Current grades or high school transcripts for first time applicants
- Financial Needs Statement (provided by Financial Aid Officer)
- Summary of goals, plans and objectives (first time applicants)
- One letter of recommendation
- SCHOOLS FERPA RELEASE FORM

NAME OF APPLICANT _____
FIRST MIDDLE LAST

Have you applied for AVT Funding Before? YES NO

DOB SOCIAL SECURITY # STUDENT ID

ADDRESS CITY, STATE ZIP

NAME OF SCHOOL

ADDRESS CITY, STATE ZIP



STUDENT FINANCIAL NEEDS ANALYSIS

Donia Edwards, M.Ed., Education Director
 Email: dedwards@nooksack-nsn.gov
 360-966-9696 land line

I, (Print Name) _____, hereby authorize the release of my student financial information to the Nooksack Indian Tribe, Education department.

Student Signature _____ Social Security Number _____ Academic Year _____

BELOW MUST BE COMPLETED AND SENT BY COLLEGE/UNIVERSITY FINANCIAL AID OFFICE

Student Budget		Student Resources	
Tuition and fees	_____	Student Contribution	_____
Books and Supplies	_____	Parent Contribution	_____
Room and Board	_____	Other	_____
Personal Expenses	_____		
Child Care	_____		
Other	_____		
TOTAL	\$ _____	TOTAL	\$ _____

COLLEGE AID	FALL	WINTER	SPRING	SUMMER	TOTAL
Pell Grant	_____	_____	_____	_____	_____
State Need Grant	_____	_____	_____	_____	_____
Scholarships	_____	_____	_____	_____	_____
Loans	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____
				TOTAL	\$ _____

COMMENTS: _____

COLLEGE/UNIVERSITY _____

REPRESENTATIVE SIGNATURE _____

PRINTED NAME _____

TOTAL BUDGET _____

LESS RESOURCES _____

LESS AWARDS _____

UNMET NEED _____

DATE _____

() TENTATIVE AWARD () FINAL AWARD

Representative email _____