

Eligibility Form for VTEC Grant Services



Thank you for your interest in the Virginia Tribal Education Consortium's (VTEC) assistance programs. So that we can identify all eligible student benefits, please answer all questions on this form, including on page 2. When complete, please email this application and any questions to CTE Academic Coordinator Hailey Holmes at Hailey.Holmes@vtecinc.org AND NYCP Program Coordinator Jodie Cole at Jodie.cole@vtecinc.org.

Parent/Legal Guardian: Please answer truthfully, as this form serves as the official record of the eligibility determination for each voluntary participant receiving VTEC assistance.

Student Information

Name of the Student _____ Date of Birth _____ Grade level _____

Name of School District _____ School _____

Anticipated Program Graduation/Completion Date _____ Student Email Address _____

Is the student affiliated with an Indigenous Tribe? Yes No (If no, please skip to the **Attestation Statement**)

Proof of Tribal Membership *Please attach either a Tribal ID card or a Letter of Registration with the Tribe if applicable.

The individual with Tribal membership is the (select only one): student student's parent student's grandparent

If the individual with Tribal membership is not the student listed above, name the individual (parent/grandparent) with tribal membership: _____

Please identify the full name of the Tribe or Band: _____

Please identify the U.S. state(s) where the Tribe or Band is headquartered: _____

Attestation Statement:

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name _____ Signature _____

Parent/Legal Guardian Printed Name (if applicant is under the age of 18) _____

Parent/Legal Guardian Signature (if applicant is under the age of 18) _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

Please answer the following questions:

1. Are you enrolled in dual enrollment courses(s) Yes No
 - If you answered “yes”, please indicate what courses _____
2. Are you enrolled in CTE courses? Yes No
 - If you answered “yes”, please indicate what courses _____
3. Are you participating in a work-based learning program? Yes No
 - If you answered “yes”, please indicate which program _____
4. Do you have a Disability? Yes No
 - If you answered “Yes,” are you receiving assistance for your disability? Yes No
5. Do any of the following situations apply to you? Please respond to each question:
 - Are you a first-generation college student? Yes No
 - Are you a single parent or single, expecting a child? Yes No
 - Is childcare needed for enrolled participants? Yes No
 - Do you need childcare assistance through other programs, such as head start? Yes No
 - Are you in Foster Care? Yes No
 - Have you recently aged out of Foster Care? Yes No
 - Are you living in an emergency shelter? Yes No
 - Are you living in transitional housing? Yes No
 - Are you exiting an institution where you temporarily resided? Yes No
 - Are you fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing? Yes No
 - Are you a person with children or unaccompanied youth who are unstably housed and likely to continue in that state? Yes No
 - Have you lost your primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources to remain in housing? Yes No
 - Do you receive TANF? (Temporary Assistance for Needy Families) Yes No
 - Do you have a parent who is serving Active Duty in the Military? Yes No
 - Are you interested in a non-traditional skilled field of study? (Plumbing, Welding, Information Technology, Electrical, Practical Nurse, Digital Photography, etc.) Yes No
 - Are you a female interested in a traditionally male-dominant skilled field of study? (Welding, Plumbing, etc.)
Yes No
 - Are you a male interested in a traditionally female-dominated skilled field of study? (Nursing, Education etc.)
Yes No

Please select which (if any) applies to you:

1. Are you applying for a stipend or direct assistance towards Work-Based Learning? Yes No
2. Are you applying for a stipend or direct assistance toward an Industry Certification? Yes No
3. Are you applying for a stipend or direct assistance toward a Dual Enrollment Course(s) or CTE courses? Yes No



Virginia Tribal Education Consortium

Career and Technical Education Program

Dear Applicant:

The Virginia Tribal Education Consortium (VTEC) Career and Technical Education Program welcomes your interest. Any incomplete application will not be processed. Below is the checklist of items needed to complete your application:

(Note: *VTEC DOES NOT reimburse for any classes, programs, and supplies that have already been paid for. Funds will ONLY be issued towards future courses awaiting payment and cannot be applied to current and/or completed courses.*)

Please provide the following documentation below in digital attachments to your designated CTE Team member before appropriate enrollment/testing deadlines. **For any questions or concerns, email the CTE Team at VTECStaff@vtecinc.org.**

**Those who have already been accepted to college in an undergraduate, associate, or graduate program, and those pursuing technical/trade certification, will need everything except for #6.*

	1. Signed essay written by the student stating your educational goals and progress toward those goals and how participation in the CTE program will help achieve those goals. (Must be a minimum of 500 words)
	2. Copy of High School transcript or GED (General Equivalency Diploma) Scores for High School seniors
	3. Copy of ACT, SAT, or TABE scores and a copy of financial aid award letter
	4. Copy of College transcript from any college/university
	5. Copy of the Federal Student Aid Report or financial receipt of what is owed (you will receive this in the mail, or you can print this from the FAFSA (Free Application for Federal Student Aid) website at www.fafsa.ed.gov)
	6. Letter of Acceptance from the college/university you will be attending (if applicable)
	7. Tribal Scholarship Financial Aid Package Form (if applicable) or Student ID (i.e., Mattaponi, Pamunkey, Monacan - MPM)
	8. Schedule of Classes
	9. Degree Plan (may also be referred to as a Degree Evaluation, Graduation Checklist, or Degree Audit)



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10469 ATLEE STATION ROAD, SUITE 200, ASHLAND, VA 23005

WWW.VTECINC.ORG | VTECSTAFF@VTECINC.ORG

Student Information Release Form Instructions

In compliance with the federal Family Educational Rights and Privacy Act (FERPA) of 1974, the Virginia Tribal Education Consortium (VTEC) will not disclose personally identifiable student information (including, but not limited to, documents from initial application, award assessments, progress reports, and other student records) to any organization, parent, legal guardian, spouse, or other party without the student's consent.

Students may choose to grant VTEC permission to release certain information to an organization, parent, legal guardian, spouse, or other party by submitting this form. **A separate form must be submitted for each organization or individual to whom access should be granted.** Additionally, the student should indicate if the individual, organization, or other party can manage any past, present, and/or future claims on the student's behalf (including, but not limited to, direct assistance requests, documentation submissions, general communication with VTEC staff regarding the student's account, and other supporting information necessary for the student's account).

Note: If you do not wish to grant access to your information, you do not need to complete this form. Records will only be provided when requested by the designated party. They will not be sent automatically by VTEC.

To designate a parent, legal guardian, spouse, organization, or other party, please complete the following sections:

- **Student Information**
- **Party to Whom Information Will Be Released** (parent/legal guardian, spouse, organization, other party)
- **Information to Be Released** (check appropriate boxes)
- **Permission to Manage Claims** (indicate if the individual/organization/other party can manage claims under your enrollment account with VTEC)
- **Duration of Release** (indicate the length of time this release should remain in effect)
- **Signature** (gives permission for this information to be released)



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Student Information Release Form

In accordance with the Family Education Rights and Privacy Act (FERPA)

Student Information			
Student First Name:		Student Last Name:	
Contact Phone Number:		Email Address:	
Party to Whom Information will be Released (<i>indicate parent, legal guardian, or spouse</i>)			
First Name:		Last Name:	
Relation to Student:		Contact Phone Number:	
Email Address:			
Party to Whom Information will be Released (<i>indicate organization, or other party</i>)			
Organization Name		Other Party Name	
Primary Contact First & Last Name:			
Contact Phone Number:		Email Address:	
Mailing Address for Individual, Organization, or Other Party established above			
Address:		Apt/Suite/Floor:	
City/State:		Zip:	



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Information to be Released (check one or more of the boxes below to grant authorization)

- Information required for Eligibility Application (this may or may not include personal identifying information, such as Tribal Citizenship ID, Student ID#, Address, etc.)
- Financial records including direct assistance and/or stipend awards, supplies assistance awards, educational account summaries, confirmations of payments made by VTEC, and other supporting documentation.
- Grades/GPA, acceptance letter, class schedule, transcripts, progress reports and/or eligibility essays.
- Other (specify) _____

This consent shall remain in effect through (choose one):

- Entire duration of enrollment with the Virginia Tribal Education Consortium (VTEC)
- Academic Year or Term (specify): _____
- Until graduation from current educational institution. Provide graduation date: _____

Authorization Statement: (please read carefully and select ONE option)

- In addition to VTEC releasing the information designated above, I authorize the individual, organization, or other party to handle any business necessary to my enrollment, with the Virginia Tribal Education Consortium (VTEC) on my behalf.
- I do not authorize the individual, organization, or other party to handle any business necessary to my enrollment, with the Virginia Tribal Education Consortium (VTEC) on my behalf. I only authorize VTEC to release the information I've selected to the contact specified above.

By signing below, I consent to the information I've selected to the individual, organization, or other party designated above:

Student Signature	Date

(To remove or make changes to the Student Information Release Form, contact your assigned Academic Coordinator)

Records Office Use Only:	Entered by: _____	06/2024
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Participation Agreement: Native Youth Community Project (NYCP)

The Virginia Tribal Education Consortium's (VTEC) Native Youth Community Project (NYCP) can provide qualifying student participants (hereafter referred to as "you") with the following services to broaden your access to future life opportunities:

- Invitation to exclusive college and/or career readiness events
- Preparation to excel on the ACT
- Payment to complete the ACT up to two times
- Career skills training and certification
- College and/or career guidance, planning, and networking

In return, we ask you to engage in these sponsored activities, when scheduled for you, and to report to VTEC the following associated information, if applicable, when requested:

- ACT and/or SAT completion date(s) and result(s)
- Post-high school educational and career preferences, applications, acceptances, and selections
- Confirmation of financial aid application submission
- Confirmation of scholarship application(s)
- Confirmation of career preparation experiences

The purpose of collecting this information is two-fold:

1. To compile the information for you in one central repository so that you can access it when needed
2. To assess the overall effectiveness of the project, to complete required progress reports for the US Office of Indian Education, and to report general project achievement to the VTEC Board and tribal leaders

All identifiable personal information will be anonymized before reporting outside of VTEC and will be destroyed, via data-wiping, following the conclusion of the project. Your contact information will not be shared with any third parties outside of VTEC without your permission. If, for any reason, you have concerns about the VTEC's handling of your data, you can contact NYCP Project Director Drew Allmond (drew.allmond@vtecinc.org) at any time.

Signing below acknowledges understanding of and agreement to the terms laid out in this form:

Student signature: _____ Date: _____

Student email address (required for registration): _____

Guardian signature: _____ Date: _____

NYCP Project Director signature:  _____