



# 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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> of each year to be considered for funding.**



## 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.

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**Applicant/Trainee Signature**

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**Date**

# Lower Brule Sioux Tribe Adult Vocational Training Grant Application

Date Application Received: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 By: \_\_\_\_\_  
 (Office use only)

Return To:  
**LBST Higher Education Grant Program**  
**PO Box 187**  
**Lower Brule SD 57548**  
**Phone (605)473-5561 Fax (605)473-5606**

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

Enter Academic Year: \_\_\_\_\_

Fall Sem/Quarter       Full Time  
 Winter Quarter       Part Time/LBCC Only  
 Spring Sem/Quarter      6 – 11 credit hours  
 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: _____ <b>FIRST TIME APPLICANTS: MUST submit documents</b> <b>Tribal enrollment or proof of ¼ degree LB Sioux</b> <b>Tribal enrollment No:</b> _____
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## Secondary Institutional Information

Name/Address of High School/GED  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Graduation/GED Date:  
 B.I.A. School       Private School  
 GED Program       Public School  
 Tribal Contract Grant

## Vocational School Information

Technical School You Wish To Attend:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

Length of Program: \_\_\_\_\_ Month Certification

12 Month Tech School  
 18 Month Tech School  
 24 Month Tech School  
 36 Month Tech School

Academic Level: (Year in College)

1-32 Hrs.     Freshman     33-64 Hrs.     Sophomore     65-97 Hrs.     Junior     98-128 Hrs.     Senior     129-161 Hrs.     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: \_\_\_\_\_



## **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.

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Signature of Student

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Date

Date Received: \_\_\_/\_\_\_/\_\_\_  
By: \_\_\_\_\_  
Office use only

# FINANCIAL AID NEEDS ANALYSIS

**LBST Higher Education Grant Program**  
**PO Box 187**  
**Lower Brule SD 57548**  
**Phone (605)473-5561 Fax (605)473-5606**

**TO BE COMPLETED BY THE APPLICANT**  
**Student must submit form to college of choice!**

New Student      Continuing Student

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street/Box #                                  City                                  State                                  Zip

School Year: \_\_\_\_\_ Credit Hours Completed \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR**

The above named student has applied for a Lower Brule Post Secondary grant. Verified financial need information is needed by your office before we can take action on this application. Please complete and forward this form to the above address. Your assistance is greatly appreciated. Thank you!

Budget Period From: \_\_\_\_\_ To: \_\_\_\_\_ Beginning on: \_\_\_\_\_

<b><u>Resources:</u></b>		<b><u>Cost:</u></b>	
Parental Contribution _____	PELL _____	Tuition _____	
Student Contribution _____	CWS _____	Fees _____	
Spouse Contribution _____	NDSL _____	Books _____	
VA Benefits _____	SEOG _____	Room _____	
SS Benefits _____	Stafford _____	Board _____	
TANF _____	Perkins _____	Travel _____	
Loans _____	Voc. Rehab _____	Mics. _____	
Other _____	<b>Total Resources</b> _____	<b>Total Cost</b> _____	

This applicant is not eligible for PELL due to: \_\_\_\_\_ **Unmet Need: \$** \_\_\_\_\_

This student is: *Dependent*  *Independent*  *Full Time*  *Part Time*

Our Institution is on: **Semester** \_\_\_\_\_ **Quarter** \_\_\_\_\_ **Trimester** \_\_\_\_\_ **Other** \_\_\_\_\_

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address    City    State    Zip

\_\_\_\_\_  
Signature Financial Aid Officer                  Email                                  Date                                  Phone