Eight Northern Indian Pueblos Council, Inc.
Adult Vocational Training Program (AVT)
P.O. Box 969 Ohkay Owingeh, NM 87566
Phone: 505.747.1593 • Fax: 505.747.1599

Required Supporting Documents:

➤ Admission Letter from educational institution
➤ Financial Aid Award Letter
➤ Financial Needs Analysis (Enclosed in application packet)
➤ Class Schedule
➤ Certificate of Indian Blood (CIB)/Tribal Enrollment Document
➤ Social Security Card
➤ Valid License or Picture I.D.
➤ Two current check stubs (If employed)
➤ Official Transcript (From last school attended)
➤ High School Diploma (For college students only)
➤ Memorandum of Understanding (Enclosed in application packet)
➤ W-9 (Enclosed in application packet)

Payments will be made in two installments for Spring and Fall Semesters: First (1st) installment will be issued when approved for the program. Second (2nd) installment will be issued after receiving mid-term or final grades. One payment will be made for Summer Semester. Pueblos served: Picuris, Nambe, Pojoaque, San Ildefonso, and Tesuque

For more information contact:
Jolene Nelson
505.747.1593 work
505.747.1599 fax
505.901.3506 cell
jnelson@enipc.org

Revised 07/1/2014
APPLICATION

Student’s Name: ________________________ Student ID #: ________________________

Social Security #: ________________________ Email Address: ________________________

Present Address: _____________________________________________________________
Street or P.O. Box: ______ City: ______ State: ______ ZIP: ______

Permanent Address: __________________________________________________________
Street or P.O. Box: ______ City: ______ State: ______ ZIP: ______

Contact #: ________________________ Circle one: Picuris Pojoaque San Ildefonso Nambe Tesuque

Male: ☐ Female: ☐ Birth Date: ___/___/____ Single: ☐ Married: ☐ #Dependents: ______

Selective Service Registration: Yes ☐ No ☐ Veteran: Yes ☐ No ☐

High School - Graduated From: ___________________________ Date: ______________________

College/University attending: __________________________________________________________
City: ______ State: ______

Major: ___________________________ Minor, If Any: ___________________________

College Status: Applying For: School Calendar:
Freshman ______ Fall 20____ Semesters ______
Sophomore ______ Spring 20____ Trimesters ______
Quarters ______ Summer 20____ Other ______
Junior ______
Senior ______

Check One: GED ______ Certificate ______ Undergraduate Associates Degree ______

Currently Employed? Yes ☐ No ☐ Full Time/ Part Time Wages/Salary $__________

Parent’s Signature (if student is under 18): ______________________________________

Student’s Signature: ________________________ Date: ______________________

NOTE: You must complete the FAFSA and be a full-time student.
CERTIFICATE OF TRIBAL MEMBERSHIP

I hereby verify that ________________________________

is a recognized member of the __________________________ Pueblo and is eligible for all educational benefits through the ENIPC Higher Education/Adult Vocational Training Program(s).

The applicant named above is known to me to be the son or daughter of ________________

__________________________________________________________________________

The applicant's date of birth is ________________

MM / DD / YYYY

Signed by: ________________________________

Governor / Tribal Official

__________________________________________________________________________

Print Name / Leadership Title

__________________________________________________________________________

Pueblo

__________________________________________________________________________

Date

Affix Tribal Seal

Revised 7/1/2014
Eight Northern Indian Pueblos Council, Inc.
Adult Vocational Training Program • Memorandum of Understanding

I. Program Description
The Eight Northern Indian Pueblos Council, Inc., Adult Vocational Training (AVT) program provides financial assistance to eligible Native American adults attending an accredited higher education institution working towards a Certificate or Associates Degree. The program provides students with testing, vocational counseling, and guidance to assist program participants make career choices related to their personal skills and availability of jobs in the local labor market. The goal of the program is to assist Native American adults to acquire the job skills necessary for full time satisfactory employment resulting in economic self-sufficiency and self-determination.

II. Eligibility Criteria
1. Applicant must be a Native American adult enrolled in one of the following Pueblos: Tesuque, Pojoaque, Nambe, San Ildefonso, or Picuris. Applicants shall prove enrollment by providing ENIPC Inc., with a copy of his/her Certificate of Indian Blood or a letter from the tribe’s enrollment official stating that the applicant is enrolled with the pueblo.
2. Applicant must be in need of training in order to obtain reasonable and satisfactory employment or is underemployed or unemployed.

The following program guidelines will be used to determine eligibility
• Applicants must not have already earned a Certificate, an Associates, Bachelors, Masters, or Doctoral Degree.
• Applicants currently working full-time must be earning less than $10/hour. Applicants earning over $10/hour for purposes of this program, shall be determined as already having satisfactory employment and shall not be eligible for program benefits.
• Applicants working part-time but desiring a full-time position shall be considered underemployed and shall be eligible for program benefits.

3. Applicant must be enrolled as a full-time student at an accredited higher education institution working towards a Certificate or an Associate Degree Program. Students working towards a Bachelor’s Degree are not eligible and will be referred to ENIPC’s Higher Education Program.
4. Applicant must demonstrate a financial need.
5. Only those applicants who willingly declare intent to accept full-time employment as soon as possible after completion of training shall be selected. The intent of the training program is to assist in the preparation for employment. The program is not meant to serve as a preliminary to immediate further education.

III. Services Provided
Financial Assistance will be provided to eligible individuals enrolled in an accredited Higher Educational Institution working towards a Certificate or Associates Degree. The student’s financial aid office will be provided with a

Revised 07/1/2014
financial needs analysis form requesting the costs of going to school and the amounts of financial aid awarded to the student by the school. Students shall be required to disclose to ENIPC Inc., all sources of financial aid awarded, such as: tribal grants, scholarships, etc. Failure to disclose all sources of financial aid shall be grounds for termination from program benefits. Per CFR regulations, training shall not exceed 24 months in length, with the exception that Registered Nurses training may be periods not to exceed 36 months.

Financial Assistance shall be rewarded as follows:
Students showing an unmet need after taking into account all sources of financial aid, shall be eligible for financial assistance through the Adult Vocational Training Program and will not exceed the following amounts:

**Maximum Distributions**

**Semester Students**
- Fall Semester: $800.00
- Spring Semester: 800.00
- Summer Semester: 400.00

**Quarter Students**
- 1st Quarter (3 months): $500.00
- 2nd Quarter (3 months): 500.00
- 3rd Quarter (3 months): 500.00
- 4th Quarter (3 months): 500.00

**9 Month Certificate Program**
- 1st three months: $500.00
- 2nd three months: 500.00
- 3rd three months: 500.00

**12 Month Certificate Program**
- 1st Quarter: $500.00
- 2nd Quarter: 500.00
- 3rd Quarter: 500.00
- 4th Quarter: 500.00

Students not receiving financial aid must provide ENIPC Inc., Employment & Training staff with a letter from the school stating the reason(s) why the student is not receiving financial aid. These students upon providing ENIPC Inc., staff with receipts, shall be eligible to receive reimbursement for the cost of tuition, books, and fees up to the maximum amounts identified above.

**IV. Satisfactory Progress during Training**
An individual who enters training will be required to make satisfactory progress. ENIPC Inc., staff will closely monitor participant progress by requiring participants to submit mid-term and final grades. Students will be required to maintain a 2.0 grade per class. Failure to meet these requirements shall result in termination of training benefits.

Revised 07/1/2014
Participants not maintaining a 2.0 grade or not completing a full-time schedule will be placed on probation the following term. During probation the participant will not be eligible to receive financial assistance through the AVT program. At the end of the probationary period the participant will have the opportunity to be reinstated if he/she shows proof of completing a full-time schedule with a 2.0 grade for each class taken with their own resources. Failure to show proof will result in automatic termination from the program.

V. Length of Participation

Individual program recipients may not receive more than twenty-four (24) months of full time training, except that Registered Nursing students may receive more than thirty-six (36) months of training.

The following guidelines shall be used to determine length of participation.

Quarter = 3 months of training  
Fall Semester = 5 months of training  
Spring Semester = 5 months of training  
Summer Semester = 2 months of training

* Probationary periods will be counted as time participating in program.

VI. Understanding

I affirm that I have read and understand the program requirements. I agree to abide by program provisions and understand that failure to do so will result in loss of program benefits. I also understand that financial assistance provided to me under the AVT program is subject to the availability of program funds.

__________________________________________  
Student Signature  

__________________________________________  
Date

Revised 07/1/2014
EIGHT NORTHERN INDIAN PUEBLOS COUNCIL, INC.  
ADULT VOCATIONAL TRAINING PROGRAM 
FAX To: 505.747.1599 ATTN: Jolene Nelson  
P.O. Box 969 Ohkay Owingeh, NM 87566

FINANCIAL NEEDS ANALYSIS

STUDENT: Complete Part A and Turn into your Financial Aid office at your College or University
You are required to apply for all forms of financial aid at your College or University and two (2) scholarships
from other sources, in addition to the ENIPC Scholarship Grant Program

****** PART A ******

Name: ____________________________________________ Student ID: ______________________________

Street/Box: ______________________ City: ______________ State: __________ Zip Code: ________________

Marital Status: _________ #Dependents: __________ Email: ________________________________

University/College: ______________________ Major: _______________________________________

School Year 20__ - 20__ Check One: FR  SOPH  JR  SR

****** PART B ******

TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Financial Aid requested will cover expenses for the period:

Month ___ Year ___ to Month ___ Year ___

School Calendar: Semesters____  Quarters____  Trimester____

We have extended the following financial aid to this student:

**EXPENSES**  **RESOURCES**

Tuition/Fees: __________ PELL: __________ Veterans Benefits: __________

Room/Board: __________ SEOG: __________ Personal/Summer/Spouse: __________

Books/Supplies: __________ C/WS: __________ Parent Contribution: __________

Transportation: __________ NDSL: __________ Scholarship: __________

Child Allowance: __________ SSIG: __________ OTHER: __________

OTHER: __________________________

TOTAL EXPENSES: __________________________ TOTAL RESOURCES: __________________________

Recommended funding from ENIPC $______________ (expenses minus resources)

I hereby certify that the above individual has applied for and been considered for both
Federal and Campus based aid.

__________________________________________  ____________________________________________  __________
Financial Aid Officer  Institution/Name & Address & Phone  Date

Revised June 2013
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Single-member LLC
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership).

Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. List account number (optional)

Requester's name and address (optional)

---

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

Or

Employer identification number

---

Part II  Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person

Date

---

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), Social Security number, or cross-reference number, as applicable. This number is required to be reported to the IRS and is used to verify the identity and social security number of an individual or organization.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.