

Hoopa Career And Technical Education Program

Mileage Assistance Request Form

This request must include a current class schedule, student education plan, and proof of residency as stated on a monthly utility bill. Incomplete forms cannot be processed!



Student Name: \_\_\_\_\_

Mailing Address:     P.O. Box     \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State:     CA     Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Semester/Year:

Fall \_\_\_\_\_

Spring \_\_\_\_\_

Summer \_\_\_\_\_

College Attending:     College of the Redwoods     Campus:     Eureka or Del Norte    

Total Miles Traveled (Home to Campus ~ One-Way): \_\_\_\_\_ Round Trip: \_\_\_\_\_

# Days Attending Each Week: \_\_\_\_\_ Weekly Commute: \_\_\_\_\_



Mileage Assistance Agreement

I, \_\_\_\_\_ understand and agree to all of the following policies listed below:  
(Name of Student)

Student  
Initials

1. Mileage assistance may be available to qualified HCATEP participants who are in good standing, live 10 or more miles from the education site in which they are enrolled, submit an official College of the Redwoods class schedule and proof of physical residence as verified on a monthly utility bill. \_\_\_\_\_
2. I am not eligible to receive mileage assistance from HCATEP if I am receiving mileage assistance from another program and will report any such change immediately to the HCATEP staff. \_\_\_\_\_
3. Requests for mileage assistance will not be processed until my intake application is complete and it has been determined I am eligible for direct services. \_\_\_\_\_
4. I must only enroll in classes needed to complete my educational goal as stated in my education plan. Further, mileage assistance will only be issued for approved class time and will be prorated each pay period according to actual class attendance as indicated on the Attendance Verification Form. \_\_\_\_\_
5. If a replacement Attendance Verification Form is needed, I understand I can request a duplicate or develop a temporary replacement on my own which contains my name, course, date, start and end time of attendance and has the instructor's signature before leaving class each session. One signature for all classes within a pay period is not be accepted. \_\_\_\_\_
6. I am responsible for submitting a completed Attendance Verification Form to the HCATEP staff on a bi-weekly basis so reimbursements may be determined (See Timesheet Schedule). HCATEP will not issue reimbursement for cancelled classes, college holidays, or other missed classes regardless of the reason. \_\_\_\_\_



Hoopa Career And Technical Education Program (HCATEP)  
**Mileage Assistance Agreement (Cont.)**

Student Initials
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7. HCATEP is not responsible for replacing lost, stolen, or expired check reimbursements, however an effort will be made with the Hoopa Valley Tribe's fiscal department to determine if the check has been cashed and confirm a check replacement can be issued. \_\_\_\_\_
8. Mileage assistance check reimbursements will be mailed to students, however an effort will be made to contact students by phone for pick-up from HACTEP office if time allows. \_\_\_\_\_
9. I must maintain a semester grade point average of a 2.0 ("C" average) or better in all courses in which I am receiving mileage assistance. If I receive an incomplete or a withdrawal on my transcript at the end of the semester for any class that qualified me for mileage assistance, I will not be eligible for HCATEP direct services until the total mileage disbursement for the class(es) has been repaid in full. \_\_\_\_\_
10. Mileage assistance will not be issued to students who have attempted and/or completed a class more than once. Exceptions will only be made for individuals who repay the total amount paid for the repeated class(es) in full prior to the beginning of the subsequent semester providing the program has adequate funding still available. \_\_\_\_\_
11. Providing I remain in good standing with HCATEP, this agreement will be valid for one academic year. All disbursements are contingent upon available program funding and may be cancelled at anytime. Retroactive payments will not be issued. \_\_\_\_\_
12. I will notify the HCATEP staff if there are any changes in my academic, employment, or residency status within five (5) working days. \_\_\_\_\_
13. Further, I will not contact the Hoopa Valley Tribal Office, including but not limited to the Chairman or Council, regarding my eligibility or disbursements. If I contact the Hoopa Valley Tribal Office regarding HCATEP disbursements and/or services of any kind, I will be immediately dismissed from the Mileage Assistance Program. \_\_\_\_\_

I declare the information on this application is true and complete to the best of my knowledge, and I authorize investigation of all statements recorded herein. I release liability from all persons and organizations reporting information required by this application. I understand I will be subject to dismissal if any statement on this application is found to be untrue. I also understand my eligibility is conditional and I must follow and comply with all HCATEP policies and procedures or I will be dismissed from the program.

Student Signature	Date
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For HCATEP Staff Use Only:

<input type="checkbox"/> Approved  <input type="checkbox"/> Denied	Total Weekly Miles Commuting: _____ Weekly Disbursement Amt: _____ Reason for Denial: _____ _____
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Request Reviewed By:

Academic Advisor	Date
Program Director	Date