



## Hoopa Career And Technical Education Program Stipend Prpgram Application

The Hoopa Career and Technical Education Program (HCATEP) awards eligible participants with an hourly stipend on a bi-weekly basis while attending College of the Redwoods. The intent of this program is to augment unmet financial need which is not covered by financial aid, grants and or scholarships so students can provide for their basic educational needs while working towards self-sufficiency. Applicants must be HCATEP participants who are in good standing, submit a completed stipend application and submit all of the required supporting documentation by the application deadline.

To apply, submit a completed Stipend Program Application and all of the supporting documents listed below. Priority will be given to individuals who have met all of the eligibility guidelines, have a high unmet need, earned 35 or more degree applicable units and submitted a Stipend Program Application by the deadline. All other applications will be considered on a first-come first-serve basis. Incomplete applications will not be processed!

### Stipend Program Application Checklist

Date  
Submitted

- 1. Approved HCATEP eligibility; \_\_\_\_\_
- 2. Completed Stipend Program Application; \_\_\_\_\_
- 3. Evidence of a high school diploma, GED, or concurrent enrollment in a high school proficiency program; \_\_\_\_\_
- 4. College of the Redwoods official class schedule with a minimum enrollment of 6 units with the exception of DSPS students; \_\_\_\_\_
- 5. Current Student Education Plan (SEP); \_\_\_\_\_
- 6. Verification of annual income such as a federal income tax return, passport to service, social security statement or other documentation; \_\_\_\_\_
- 7. Completed HCATEP Financial Needs Analysis Form; \_\_\_\_\_
- 8. If reapplying, a current unofficial college transcript; \_\_\_\_\_
- 9. Stipend Program Applications and supporting documentation are due no later than the end of the second week of each semester. Exceptions will only be made in the event the budget has not been exhausted. \_\_\_\_\_

P.O Box 529, 65 Orchard Street  
Hoopa, CA 95546  
Tele: (530) 625-4821 Fax: (530) 625-4895

### HCATEP Stipend Program Application

Semester & Year Fall _____ Spring _____	Contact Information _____ Applicant's Name _____ Physical Address _____ Mailing Address _____ Zip Code _____ City, State, _____	_____ Home Telephone _____ Cell Phone Number _____ Tribal Affiliation _____
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Employment Information _____ Organization Name _____ Supervisor's Name _____ Employment Start Date _____ _____ Position _____ Hourly/ Annual Salary _____ Employment End Date _____	Source(s) of Income (Check all that apply) <input type="checkbox"/> TANF <input type="checkbox"/> Gen. Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Other
Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	Please explain why you should be selected for the Stipend Program. Please attach a written paragraph. No essays required.  If you are not eligible for financial aid, please explain why. Attach supporting documentation as needed. _____ _____	

Please explain why you should be selected for the Stipend Program. Please attach a written paragraph. No essays required.

If you are not eligible for financial aid, please explain why. Attach supporting documentation as needed.

\_\_\_\_\_

\_\_\_\_\_

Please read the statements below and initial each item indicating your agreement to the following Stipend Program Policies:

1. I must be an HCATEP participant in good standing to participate in the Stipend Program: not in debt of program fees, equipment, textbooks, and mileage or stipend repayments. Stipends are contingent upon available program funding.	Student Initials _____
2. I will submit a completed Stipend Program Application, proof of high school graduation, GED completion or concurrent enrollment in a high school proficiency program, a current College of the Redwoods class schedule, income verification, a completed Financial needs analysis form, a college transcript for my eligibility may be determined.	_____
3. My application will not be processed until my application and all supporting documentation has been submitted.	_____
4. A stipend can only be paid for classes I am enrolled in for the first time and meet my educational goal.	_____
5. I am willing to sign a Stipend Program Contract which summarizes my responsibilities, program deadlines, attendance policies if I am selected as a participant in this program.	_____
6. If I am eligible to participate in the Stipend Program, I will submit bi-weekly HCATEP attendance verification forms to the HCATEP staff by the specified deadline.	_____
7. I will be paid the California State minimum wage for each class hour I attend; Checks will be mailed directly to eligible students on a bi-weekly basis.	_____
8. I will be terminated from the Stipend Program if I miss ten hours of class in the same semester.	_____
9. I will notify the HCATEP Staff of any changes in my academic, financial, residency or employment status within five (5) working days.	_____
10. I will meet with the HCATEP staff regarding all stipend matters and understand I will be immediately dismissed from the Stipend Program if I contact Tribal Office personnel regarding my eligibility.	_____

I declare the information contained in this application is true and complete to the best of my knowledge; I authorize the investigation of all statements herein recorded. 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 must comply with all HCATEP policies and procedures or I will be dismissed from the program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For HCATEP Staff Use Only:

<input type="checkbox"/> HCATEP Eligible	<input type="checkbox"/> Request Approved	Comments: _____
<input type="checkbox"/> Application Complete	<input type="checkbox"/> Request Denied	_____
<input type="checkbox"/> Program Fees	Application Reviewed By: _____	_____
_____	Academic Advisor	_____
_____	HCATEP Project Director	_____
		Date _____
		Date _____



# Hoopa Career and Technical Education Program (HCATEP)

Hoopa, CA 95546

Tele: (530) 625-4821 Fax: (530) 625-4895

## Financial Needs Analysis Form

### Part 1: To Be Completed By Students

Requesting for Term (s) of: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Agency's Name:	HCATEP	Student's Name:	
Address:	PO Box 529	Address:	
City, State, Zip:	Hoopa, CA, 95546	City, State, Zip:	
Phone Number:	1 (530) 625-4821	Student's ID:	
FAX Number:	1 (530) 625-4895	Phone Number:	

I hereby consent to, and request, any information regarding my academic progress including assessments, transcripts, student education plans, petitions, financial aid, payment delinquencies, and similar matters is provided to the Hoopa Career and Technical Education Program (HCATEP). Further, I understand the Financial Needs Analysis (FNA) will only be completed and forwarded to the agency listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Part 2: To Be Completed By Financial Aid Office Staff

Financial Aid Period: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

Items (s) Per Year	Expense	Resource Per Term	Fall	Spring	Summer
Tuition & Fees	\$	CA Promise Grant	\$	\$	\$
Books/ Supplies	\$	Pell Grant	\$	\$	\$
Food/ Housing	\$	SEOG	\$	\$	\$
Board	\$	Cal Grant A/B	\$	\$	\$
Personal	\$	EOPS	\$	\$	\$
Transportation	\$	CARE/CalWorks	\$	\$	\$
Childcare	\$	Scholarship(s)	\$	\$	\$
Miscellaneous	\$	Perkins Loan	\$	\$	\$
Other	\$	VA Benefits	\$	\$	\$
<b>Expenses (Per Year)</b>		Other:	\$	\$	\$
		<b>Total Resources</b>	\$	\$	\$

This student *is* ( ) *is not* ( ) eligible for federal financial aid under the policies of this institution. If the student is not eligible for federal aid please provide an explanation in comments section below.

Budget Classification Group: Dependent [ ] Independent [ ]

Unmet Need \$\_\_\_\_\_ for Term(s) Fall [ ] Spring [ ] Summer [ ]

Comments: \_\_\_\_\_

Signature/ Title: \_\_\_\_\_

Date: \_\_\_\_\_



## Hoopa Career and Technical Education Program Information Sharing Agreement

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

Student ID# : \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to, and request, any information on my academic progress including assessments, transcripts, student education plans, petitions, financial aid, payment delinquencies, disciplinary problems, and similar matters regarding my enrollment with College of the Redwoods be provided to the Hoopa Career and Technical Education Program.

I understand the personal information I provide or have released to the Hoopa Career and Technical Education Program is protected by the Family Educational Rights and Privacy Act (FERPA). Further, I understand my information is considered confidential and may not be shared by anyone who is not employed with the Hoopa Career and Technical Education Program. This consent will remain in effect until I rescind my consent in writing or I complete my education at College of the Redwoods.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_