

**TULE RIVER EDUCATION DEPARTMENT
TRIBAL EDUCATION PROGRAM (TEP)**

568 WEST OLIVE AVENUE • PORTERVILLE, CA 93257 • 559-791-9136 • FAX 559-791-9498

TEP PART-TIME PROGRAM APPLICATION

STUDENT NAME: _____ DATE: _____

ADDRESS: _____ EMAIL: _____

PHONE: _____ SSN: _____

TRIBAL AFFILIATION: _____

ADDRESS: _____

ENROLLMENT #: _____ DOCUMENTATION (CIRCLE): YES NO

NAME OF SCHOOL: _____

ADDRESS: _____

COURSES/PROGRAM: _____

EXPECTED START DATE: _____ EXPECTED COMPLETION DATE: _____

EXPECTED CERTIFICATE/DEGREE: _____

APPLIED FOR A BOGG/TUITION FEE WAIVER AT ATTENDING SCHOOL: YES NO
(PLEASE PROVIDE DOCUMENTATION)

FINANCIAL ASSISTANCE REQUESTING:

TUITION/FEES (INCLUDING PARKING PERMIT)

REIMBURSEMENT (RECEIPTS REQUIRED)

CHECK (MADE PAYABLE TO SCHOOL)

BOOKS & SUPPLIES (IN ACCORDANCE W/CHECKLIST)

REIMBURSEMENT (RECEIPTS REQUIRED)

GIFT CARD (TO SCHOOLS BOOKSTORE)

OTHER: (PLEASE EXPLAIN)

I hereby certify that the above information on this form is true and correct to the best of my knowledge. I also hereby certify that I have received, read and understand the TEP Part-Time Program Policy.

STUDENT SIGNATURE

DATE

TRIBAL MEMBER CO-SIGNER SIGNATURE

DATE

TEP PART-TIME PROGRAM STUDENT ORIENTATION CHECKLIST

- ____ Student is **required** to submit Board of Governors Grant (BOGG) (fee waiver) each academic year.
- ____ Student is **required** to submit a **completed** TEP Part-Time application each quarter or semester funding is requested.
- ____ It is the **student's responsibility** to submit required documentation (TEP staff will assist upon request).
- ____ Student is **required** to maintain a minimum 2.0 Grade Point Average (GPA) per course.
- ____ TEP funds are to be used for **educational purposes only**.

Student is **required** to reimburse TEP should he/she fail to:

- ____ maintain a 2.0 GPA per course
- ____ submit official transcript no later than three weeks after the end of TEP funded quarter/semester
- ____ TEP Part-Time Program will not provide funding for classes failed, withdrawn and/or dropped and then retaken.
- ____ Student is **required** to notify TEP staff of any change to class schedule and contact information.
- ____ Student is **required** to notify TEP staff of request for tutorial services **immediately** when needed.
- ____ TEP Part-Time Program will only reimburse students for the cost of tuition, books (required by class on class schedule) and academic supplies.

Reimbursable supplies includes: (academic supplies may be available through the Higher Education Program; students are **required** to request from TEP prior to purchase of supplies)

- Pencils, pens and highlighters
- Binders, notepads and writing paper

____ TEP Part -Time Program will not assist with out-of-state/non-residential tuition costs.

In order to avoid delays in funding, it is the student's responsibility to work with TEP staff to complete the TEP Part Time Program application.

I, the undersigned student fully understand and agree to the terms of the TEP Part Time Program Student Orientation Checklist. I have also received a copy of the TEP Part Time Program Policy.

Student Signature

Date

Tribal Member Co-signer Signature

Date



TULE RIVER INDIAN TRIBE OF CALIFORNIA

TULE RIVER INDIAN EDUCATION DEPARTMENT

Release Of Information

(Please clearly print all information)

Last First Middle

SSN # _____ DOB: _____

Address: _____

City State Zip

Telephone: _____ Email: _____

The information below will allow TEP staff to access your academic and/or financial status.

School Account Website: _____

Username for account: _____ ***Password:*** _____

I, named above, hereby give permission to the Tule River Indian Education Department, TEP to receive any information pertaining to my TEP file (i.e.: schedules, grades, financial info) to complete my TEP file:

Authorizing Signature (named above)

Date

*IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHT AND PRIVACY ACT OF 1974, AND APPLICABLE STATE LAW(S), THE AFOREMENTIONED RECORDS WILL BE KEPT CONFIDENTIAL.

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TULE RIVER INDIAN TRIBE OF CALIFORNIA

TULE RIVER INDIAN EDUCATION DEPARTMENT

TEP Part Time Program Policy Acknowledgment

I, _____ have received, read and understand the contents of the Tribal Education Program (TEP) Policy that was approved by the Tule River Tribal Council. I agree to accept the TEP Policy as the governing regulations of my TEP grant and understand its contents will be strictly adhered to.

Student's Name, Please Print

Student's Signature

Date

Tribal Member Co-signer, Please Print

Tribal Member Co-signer Signature

Date

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TULE RIVER INDIAN TRIBE OF CALIFORNIA

TULE RIVER INDIAN EDUCATION DEPARTMENT

Authorization to Review

I, _____, hereby give permission to the following persons:

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

the access to my complete file with the Tule River Indian Education Department, Tribal Education Program (TEP).

Authorizing Signature (named above)

Date

TEP Representative

Date

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