Chemehuevi Adult Vocational Training Application

Congratulations on your decision to pursue Vocational Schooling!

2026-2027 AVT deadline is 60 days before program commences or funding is due to the Vocational Institution, whichever comes first.

Last Name First Name Middle Name

Mailing Address City State Zip

Physical (if different from above) City State Zip

Email Address Cell Phone

CIT Enrollment Number Social Security Number

Mothers Name Tribe

Fathers Name Tribe

DOCUMENTS REQUIRED FROM FIRST TIME APPLICANTS:

(These documents are to be submitted once every 5 years unless an update applies)

- [ ] Copy of Birth Certificate
- [ ] Certificate of Chemehuevi Indian Blood (can be obtained from Enrollment Office)
- [ ] Veteran: Copy of Discharge Certificate
- [ ] Copy of Social Security Card
- [ ] Copy of High School Diploma, Official High School Transcripts or GED

Policies

Deadlines may be evaluated on an individual basis to meet the academic needs of the student. Chemehuevi AVE funding applies to Chemehuevi members residing in the United States in pursuit of Higher Vocational Certificates, CTE degrees at an ***accredited*** institution. Chemehuevi AVE students' funding is determined by the Chemehuevi Director of Education and based on the FNA form sent directly from the Institutions Financial Aid Office. **AVT Awards may be up to $3,000 within a calendar school year, depending on availability of funds.** The primary age for applicants is 18-35. Applicants over the age of 35 who demonstrate a need for training may be reviewed and recommended to Tribal Council for BIA approved age waiver. Students must be attending full time-as determined by the Vocational Training Institution and/or program and have a current GPA of 2.0 or better are eligible for continued funding.

ADDITIONAL DOCUMENTS/INFO NEEDED ANNUALLY FOR AVT APPLICATIONS:

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Initial next to numbered doc/info to acknowledge agreement and/or inclusion, include this page with app.

1. _____**AVT APPLICATION:** To be eligible for continued funding, a new application must be submitted annually. I understand that I must be a high school graduate or have a GED with a minimum score of 45%. **For continued funding within an application year a new class schedule, last terms official transcript, and current FNA need to be submitted.**

2._____**COPY OF ACCEPTANCE/ADMISSIONS LETTER:** Undergraduate or graduate student must be admitted to post-secondary accredited institution to provide proof that you are currently pre-admitted or enrolled to an accredited college, university, or vocational institution. (For funding at same institution, this only needs to be submitted once).

3._____**CURRENT SCHEDULE OF CLASSES:** Listing of course study (class schedule) from institution to provide status and proof of being a full-time student.

4._____**OFFICAL TRANSCRIPTS:** Students new to college only: submit official high school transcripts, and/or GED completion papers. Continuing students only: submit final official transcripts mailed in a sealed envelope from the Registrar's Office to the CIT Education Department for all prior terms. Electronic Official Transcripts accepted.

5._____**FAFSA (SAR):** All students must complete the Free Application for Federal Student Aid (FAFSA) in accordance with federal policies each year. Provide SAR with EFC.

6._____**FINANCIAL NEEDS ANYLYSIS (FNA):** Please click link for FNA form: Student to provide FNA to Vocational Institutions Financial Aid Office. **Email** or mail if to the CIT Education Department by deadline. This should be completed annually by the Vocational Institution or may be submitted per funding period if applicable.

7._____**APPLY FOR THREE (3) OUTSIDE SCHOLARSHIPS:** Students shall apply for a minimum of three scholarships, and submit proof with annual application. The FAFSA counts as one.

8._____**LETTER OF REQUEST TO TRIBAL COUNCIL:** Personal letter to the Tribal council should be 100 – 500 words explaining education goals, current progress and future plans upon graduation. Do not include personal information.

9._____**MAINTAINING FUNDING/MAX. FUNDING, If GPA falls below 2.0** for a funding term and/or the student withdraws from class(es) even those marked withdrawal passing bringing student below fulltime status, the student must notify the CIT Education Center Director within 14 days of final grade release or withdraw date. **Those funds awarded where the 2.0 or C grade has not been met will be subject to re-payment for that term at the discretion of the Director of Education and the Tribal Council**. Chemehuevi AVT funding will not pay for repeat courses/classes. Failure to comply with the rule and/or no submission of final transcript each term may end in the full repayment of all term funding and may result in the forfeit of future opportunities to receive funding. Regardless of repayment decision the student will not be able to submit for any funding for at least a full-school year. The programs/certificates/degrees outlined classes may be considered for funding primarily. Depending on availability of funds for the FY, and the FNA provided by the Vocational Institution the Director of Education shall determine the maximum funding allowed per AVT application for the calendar year not to exceed $3,000.

10._____**INTERNSHIP REQUIRMENT OF ALL APPLICATIONS:** I agree to schedule an Internship with the Chemehuevi Director of Education no later than Oct 1st of the current calendar year. I also agree to be placed on a list for future internships/positions within the Tribe and its entities that may result in opportunities for employment with the Tribe. If I am unable to complete this funding years Internship, at the discretion of the Chemehuevi Director of Education and the Chemehuevi Tribal Council, future Chemehuevi Higher Education and AVT funding may be denied.

11._____**STUDENT INFORMATION FOR MEDIA:** The applicant agrees to have their name, school, degree, major being pursued and graduation announcement released in any press (both community and local media).

12._____ **FERPA FORM**

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Please circle the month your AVT program commences:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Start Date Expected Graduation Date

Explain reason for attending Institution. (i.e. Name of Cert, Degree, Career Development)

Institution Name

Mailing & Physical Address City State Zip

Advisors Name Contact Number

Advisors Email Financial Aid Office Email

Electronic signatures are accepted & will hold your spot until we have received original wet signatures. Incomplete applications may not be accepted. Include all documents/forms and INITIAL PAGE 2 checklist to acknowledge agreement. FNA, Class Schedule, and Official Transcripts maybe submitted separate when available by Institution. Funding WILL NOT be disbursed until all documents are in file. **Please keep a copy for your personal file.**

Mail or email to:

Chemehuevi Education Center
c/o Education Director
P.O. Box 1976
Havasu Lake, CA 92936

Dir.edu@cit-nsn.gov

List in Subject:

Full Name & 2026 Spring Application

Chemehuevi Applicant Signature Date

Chemehuevi Applicant Guardian (if applicant is a minor)

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Financial Needs Analysis (FNA)

Section 1. Student Information

Student to fill out section 1. And sign

_____

Last Name | First Name | Tribal Enrollment No. | Student I.D.

_____

Social Security No.

I give my permission to Chemehuevi Tribe Education Center (CTEC) to request and receive information regarding my financial and academic progress. I understand I must apply for all Federal, State, and Institutional Aid before being considered for Chemehuevi Tribal Funding. I also understand that I am responsible for seeing that this form reaches CTEC by mail or PDF from the Institution by the deadline date. This FNA must be mailed or emailed as PDF from the school. ***It cannot be faxed****.*

_____

Student Signature | Date | Guardian Signature (If student is a minor) | Date

Academic Institution

Student is to submit to Academic Institution to fill out Section 2. FNA must be submitted to CTEC directly from Academic Institution by mail or PDF email.

_____

Academic Institution | Mailing Address, City, State, Zip

_____

Contact First & Last Name | Contact # | School Tax I.D. *Funding will not be considered if Tax I.D. is not included

School Year 2026-2027, Identify Projected Funding Period

Semester	FALL	SPRING	SUMMER
Quarter	FALL	SPRING	SUMMER
Distinctive	Academic Months _____-_____		
Comments			

_____

Academic Institution Staff Signature | Date

Mail or Email to:
Chemehuevi Indian Tribe
c/o Education Dept.
P.O. Box 1976
Havasu Lake, CA 92363

or

dir.edu@cit-nsn.gov

School Expenses:	
Tuition ($____per credit)	$_____
Books/Supplies	$_____
Room & Board	$_____
Transportation	$_____
Personal	$_____
Child Care	$_____
Total Expenses	$_____
Resources:	
Parent Contribution	$_____
Student Contribution	$_____
Veteran's Benefits	$_____
Scholarship(s)	$_____
Tuition Grant	$_____
Loan(s)	$_____
Total Resources	$_____
Federal Aid:	
Pell Grant	$_____
SEOG	$_____
SSIG	$_____
ACG	$_____
Total Federal Aid	$_____
Total Unmet Need	$_____
Recommended Tribal Funding	$_____

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FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA FORM)

SECTION 1. STUDENT INFORMATION:

_____

Last Name First Name Contact # Student I.D.

I give permission to the Chemehuevi Tribe Education Center to release the information selected in Section 2. to the parties listed in Section 3. for the purpose of _____ (i.e., higher education, monitoring students' education, providing parents access to student file, scholarship funding application, etc.).

SECTION 2. EDUCATION INFORMATION AUTHORIZED TO BE RELEASED:

( ) *I DO NOT WANT INFORMATION REALESED AND/OR I WANT TO CANCEL ANY PREVIOUS AUTHORIZATION*

PLEASE INDICATE BY CHECK MARKING ALL OR WHICH RECORDS TO BE REALEASED

	ALL RECORDS	ALL RECORDS LISTED BELOW
	REGISTRATION AND ADMISSIONS	CLASS SCHEDULE(S), PAST/CURRENT/FUTURE ENROLLMENT AND REGISTRATION ACTIVITY, ENROLLMENT STATUS, GRADES, CLASS ATTENDANCE, RESIDENCY STATUS, AND MAILING ADDRESS INFORMATION INCLUDING PHONE AND EMAIL INFORMATION.
	STUDENT INFORMATION AND CONDUCT	EMERGENCY INCIDENT(S), ATTENDANCE RECORDS, GRADES, ACADEMIC REPORTS, DISCIPLINARY RECORDS, ASSESSMENT DATA REPORTS, ALL STUDENT CONDUCT AND ACADEMIC/BEHAVIOR PROGRESS
	EXTRACURRICULAR ACTIVITIES	ALL INFORMATION AND DOCUMENTS PERTAINING TO STUDENTS EXTRACURRICULAR ACTIVITIES
	HIGHER EDUCATION	INCLUDES ALL DOCUMENTS AND INFORMATION THAT PERTAINS TO HIGHER EDUCATION, COLLEGE APPLICATIONS, ESSAYS, SCHOLARSHIPS, CHEMEHUEVI SCHOLARSHIP APPLICATION, GRANTS AND FINANCIAL AID

SECTION 3. INDIVIDUALS TO RELEASE INFORMATION TO:

_____

CHEMEHUEVI EDUCATION CENTER 760-858-1063 DIR.EDU@CIT-NSN.GOV

_____

NEEDLES UNIFIED SCHOOL DISTRICT 760-326-3891 EMAIL

_____

EDUCATIONAL INSTITUTION CONTACT NAME & # EMAIL

By signing below you authorize the confidential information indicated in Section 2. from the parties listed in Section 1. to be released to the parties named in Section 3. This FERPA Authorization of Release of Information form is valid until canceled. You may change this request at anytime by submitting a new FERPA Authorization of Release of Information form to the Chemehuevi Tribe Education Center.

_____

Student Signature Date Parent Signature (if student is a minor) Date

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