



**GIKENDAASOWIN**  
**LAC DU FLAMBEAU TRIBAL EDUCATION DEPARTMENT**  
562 Peace Pipe Road, P.O. Box 67, Lac du Flambeau, WI 54538  
Phone: (715) 588-7925 Fax: (715) 588-9063  
E-mail: [ldfedu@ldftribe.com](mailto:ldfedu@ldftribe.com)

### **Short-Term Coursework**

#### **About**

Enrolled Lac du Flambeau tribal members are eligible to utilize up to \$500.00 per (fiscal) year towards the cost of an accredited non-credit course(s) or program(s). Funding may be used for the following expenses:

- ✚ Tuition/registration fees
- ✚ Admittance/application fees
- ✚ Other fees related directly to the course(s) or program(s).

Costs not covered by Short-Term Coursework funding are the responsibility of the student. Students are also required to submit documentation verifying that they have successfully completed the course(s) or program(s) upon completion.

#### **Eligibility Requirements**

To be eligible for funding, a student is required to meet the following criteria:

- ✚ Be an enrolled Lac du Flambeau tribal member
- ✚ Have a complete application and required documentation on file.

#### **Checklist**

To have a complete application, the following documents are required:

- \_\_\_\_\_ Verification of tribal enrollment (copy of Tribal ID, Certificate of Enrollment, etc.)
- \_\_\_\_\_ Short-Term Coursework Application
- \_\_\_\_\_ Student Acknowledgment & Payback Agreement
- \_\_\_\_\_ Student Release of Information Form (FERPA Release)
- \_\_\_\_\_ Course or program schedule
- \_\_\_\_\_ Documentation verifying you have completed the course or program upon completion.

#### **Important Information**

It is the responsibility of the student to obtain the application and submit all required documentation. Funding is awarded on a first come, first served basis in the order students submit a complete application.



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**Short-Term Coursework Application**

|                         |            |             |     |         |
|-------------------------|------------|-------------|-----|---------|
| Social Security Number: | Last Name: | First Name: | MI: | Maiden: |
|-------------------------|------------|-------------|-----|---------|

|                  |       |        |           |
|------------------|-------|--------|-----------|
| Mailing Address: | City: | State: | Zip Code: |
|------------------|-------|--------|-----------|

|  |   |
|--|---|
| <b>Phone Number:</b><br><br>Mobile: _____<br><br>Home: _____<br><br>Other: _____ | <b>Date of Birth:</b><br><br>_____/_____/_____<br><br>Female <input type="checkbox"/> Male <input type="checkbox"/> |
|--|---|

**E-mail Address:**

Students will be contacted regarding the status of their application through the e-mail address provided above. Please be sure to regularly check your e-mail.

|   |                    |
|---|--------------------|
| Name and Address of Institution/Organization: | Course or Program: |
|---|--------------------|

**IMPORTANT - PLEASE READ CAREFULLY**

**Student Statement of Certification**

I declare that the information given by me on this form is true, correct and complete to the best of my knowledge, and that if granted assistance I will use it only for educational expenses and purposes. I agree that this information may be shared between the Lac du Flambeau Tribe and the institution(s) or organization(s) listed on this application as appropriate for funding purposes only.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Tribal ID Number \_\_\_\_\_



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**Short-Term Coursework**  
**Student Acknowledgement and Payback Agreement**

Please initial each statement. By initialing, you are agreeing to the terms of the statement and acknowledging your responsibility to abide by the terms of the agreement.

\_\_\_\_\_ I understand that I am required to successfully complete the course(s) or program(s) I am receiving funding for.

\_\_\_\_\_ I understand that I am required to submit documentation verifying that I have successfully completed the course(s) or program(s) within 10 business days of completing the course(s) or program(s). I further understand that failure to do so will result in a payback agreement for all monies received.

\_\_\_\_\_ I understand that it is my responsibility to inform the Education Department of all enrollment or registration changes within 10 business days of the change.

\_\_\_\_\_ I agree to take full responsibility for my academic achievements and progress and to submit all required documentation by the designated deadlines.

\_\_\_\_\_ I understand that I am responsible for keeping my contact information and application up-to-date at all times.

\_\_\_\_\_ I acknowledge that the Education Department Handbook is available at the Education Department and that I may request a copy at any time by contacting the Department.

I understand that by signing below, I am agreeing to all conditions, policies and terms of the Education Department Handbook as administered by the Lac du Flambeau Tribal Education Department.

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Student Name

Date

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Signature

Social Security Number



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**Short-Term Coursework**  
**Student Release of Information Form**  
**(FERPA Release)**

The Family Education Rights and Privacy Act (FERPA) is a federal law restricting access to a student's educational records. At the college level, a student must authorize others to have access to their educational information beyond "directory" information (name, address, phone, etc.).

In order to effectively administer funding from the Education Department in accordance with the Department's policies and procedures, the Education Department is required to communicate with, and obtain information from, a student's institution or organization. By signing this form, you are allowing the Education Department to have access to your student records, as needed, for funding purposes only.

I authorize the Lac du Flambeau Tribal Education Department to release, disclose, obtain from, and/or exchange information and documents pertaining to (check all that apply):

- Financial Aid or Billing Information
- Course Schedule
- Grades/Transcripts
- Other: \_\_\_\_\_

The following institution is authorized to release the above information to the Lac du Flambeau Tribal Education Department:

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Name of Institution or School

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Student Name

Date

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Student Signature

Student ID Number or Date of Birth



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I authorize the Lac du Flambeau Tribal Education Department to release, disclose, obtain from and/or exchange information and documents pertaining to (check all that apply):

- Financial Aid Information
- All Records
- Other: \_\_\_\_\_

I authorize the Lac du Flambeau Tribal Education Department to release, disclose, obtain from and/or exchange the information and documents indicated above with the following individual(s):

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|           |            |    |               |
|-----------|------------|----|---------------|
| Last Name | First Name | MI | Date of Birth |
|-----------|------------|----|---------------|

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|           |            |    |               |
|-----------|------------|----|---------------|
| Last Name | First Name | MI | Date of Birth |
|-----------|------------|----|---------------|

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|              |      |
|--------------|------|
| Student Name | Date |
|--------------|------|

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|                   |                                    |
|-------------------|------------------------------------|
| Student Signature | Student ID Number or Date of Birth |
|-------------------|------------------------------------|