NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT
MUST BE COMPLETED BY THE APPLICANT TO BE ELIGIBLE FOR A SCHOLARSHIP
RELEASE OF INFORMATION FROM THE VOCATIONAL TRAINING SITE

Please sign each section for each semester/quarter you will attend for your training program.

Vocational Training institute	City	State	Zip Code

Student Name (Please Print)	Social Security Number or Student ID	Date of Birth

I hereby apply for and agree to attend the Vocational Training Institution indicated above. I will carry at least 12 or more credit hours as required in my course of study or 30 clock hours. I will do my best to satisfactorily complete the courses which I have selected. I further agree that the Tribal Education funds issued will be used for educational purposes or repayment will be made to the Tribal Education Department. I understand the PELL and other funding available to me will be included when computing my financial aid package and I agree to use funds for the purposes intended. **I authorize the Vocational Training Institution to release grades, mid-term progress reports, attendance information and I consent to release financial information to a third party. Information can be sent to the Northern Cheyenne Tribal Education Department, P.O. Box 307, Lame Deer, Mt. 59043.**

Signature	Date

……

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