

"To Elevate the Quality of Life of the People We Serve"



KODIAK AREA NATIVE ASSOCIATION

Scholarship Information Check List

HIGHER EDUCATION

For students who are pursuing an Associate's or Bachelor's degree. Students must be full time (12 or more credits) at an accredited institution or part time (6 - 11 semester credits.) (Example: the student is pursuing Bachelors in Elementary Education)

This scholarship is distributed based on enrollment. The student may live anywhere in the United States and receive this scholarship if they can provide proof of enrollment in the Akhiok or Port Lions Tribal Council.

New applicant students:

- Completed application
- Proof of enrollment in Akhiok, or Port Lions Tribal Council
- Acceptance letter from the school you will be attending
- Semester schedule/proof of part- or full-time enrollment
- Current Financial Need Sheet or Budget Forecast with FAFSA results and all other funding, completed by the Financial Aid Officer (FAO)
- Current school year FAFSA results (Student Aid Report: SAR)
- Transcripts: Most recent University/College
- Two letters of recommendation for the scholarship

Yearly reapplying students:

- Current school year completed application
- Current school year FAFSA results (Student Aid Report: SAR)
- Current school year Financial Need Sheet (FNS) completed by the Financial Aid Officer (FAO) and faxed to: (907) 486-4829
- Current official transcripts: University/College

Continuing Students (2nd Semester of reapplication year):

- Unofficial transcript showing prior semester's final grades

VOCATIONAL TRAINING

ADULT VOCATIONAL TRAINING (AVT)

For students who are pursuing a certificate at a vocational school. The program must be longer than 6 weeks to qualify for the scholarship. (Example: the student wants to study Culinary Arts at AVTEC)

This scholarship is distributed based on geographical location at the time of application. A student can be enrolled to any federally recognized tribe and be eligible for this scholarship if they are living in Akhiok or Port Lions at the time of application.

Deadline: 6 weeks prior to training

- Completed application
- Copy of GED or High School diploma
- Proof of residency in Akhiok or Port Lions
- Current Budget Forecast with reflection of FAFSA results and all other funding, completed by the Financial Aid Officer (FAO)
- Acceptance letter from the school you will be attending
- Transcripts: Most recent High School or University/College
- Two letters of recommendation for the scholarship

CAREER DEVELOPMENT

For students who need only 1 to 2 academic classes in order to advance in their current job, to keep their current job, or to obtain full-time employment. (Example: the student needs an Introduction to Computers class to obtain a job.) For students who need a vocational type course that is 6 weeks or shorter.

Deadline: 2 weeks prior to the class

- Completed application
- Copy of GED or High School diploma
- Current Budget Forecast with reflection of FAFSA results and all other funding, completed by the Financial Aid Officer (FAO)

For questions call (907) 486-9879. Completed applications can be dropped off at 194 Alimaq Drive, emailed to etss@kodiakhealthcare.org, faxed to (907) 486-4829, or mailed to 3449 Rexanof Drive, Kodiak AK 99615.

Education & Training Application

Applicant Information:

Today's Date: _____

Name: _____ SSN: _____ - _____ - _____

Education/Training

Higher Education Continuing Vocational Training Career Development

Attending University/College or Vocational School

School Name: _____

Field of Study: _____

Degree Pursuing: Certificate Associates Bachelors

Full Time or Part Time Student? _____

Expected graduation date: _____

Previous University/College or Vocational Experience

School name: _____ Last date attended: _____

Degree or Certificate received: _____

Admission

Applied? Yes No If not when: _____ Accepted: Yes No

Year in school: Freshman Sophomore Junior Senior

Personal information while at school

Address while at School:

Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email address: _____

It is very important that you keep KANA's Employment, Training and Support Services Department updated with your current address, phone and email address.

Educational Goals

Why did you choose your field of study? :

What are your long range career goals? How will your educational experiences help you in achieving them? :

I hereby certify that the information provided to KANA is factual and accurate to the best of my knowledge. I understand that I may have to provide documents to verify information and that KANA can check for authenticity about me in connection with this application. I understand that I may be prosecuted for fraud and/or perjury for falsifying information in order to gain acceptance in the BIA Higher Education Program.

Applicant Signature

Date

Financial Need Sheet

Name: _____ SSN: _____ - _____ - _____

Address while at School: _____

I give permission for **(University/College/Vocational)** _____
to release financial & academic information to the Kodiak Area Native Association.

Applicant Signature

Date

(TOP Portion to be COMPLETED by the STUDENT)

(BOTTOM Portion to be COMPLETED by FAO for student)

Academic year: Semesters **OR** Quarters Start date: _____ End date: _____

The student is working towards: Certificate Associates Bachelors

The student is: In good academic standing On academic probation Ineligible for funding

University/College/Vocational Budget

Student Resources

Fall Spring

Tuition: \$ _____

Pell Grant: \$ _____

Books: \$ _____

College Work Study: \$ _____

Room & Board: \$ _____

Stafford Loan: \$ _____

Fees: \$ _____

AK Student Loan: \$ _____

Transportation: \$ _____

Family Contribution: \$ _____

Personal: \$ _____

Student Contribution: \$ _____

Other (Specify): \$ _____

Tribal Assistance: \$ _____

Total Budget: \$ _____

Other (Specify): \$ _____

Total Resources: \$ _____

Unmet Need: \$ _____

Financial Aid Office Address: _____

Financial Aid Office Phone: (____) _____ - _____ Financial Aid Office Fax: (____) _____ - _____

Financial Aid Officer Signature

Date

Student Pledge

I hereby intend to attend the school indicated in this application and agree to follow all rules, regulations, and attendance requirements of the school to the best of my ability. I will complete the course which I have selected. I further agree that the funds issued to me for training purposes by Kodiak Area Native Association (KANA) will be used or repayment will be made to the KANA Education Department. I understand that if I am eligible for other training funds such as Basic Educational Opportunity Grants (BEOG), ECT., this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance and income information to KANA personnel.

Privacy Act and Paperwork Reduction Act Statement

1. The Authority for solicitation of the information in this form is 25 U.S.C 13 (42 Stat. 28) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Sta. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicants is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by KANA and school counselors to evaluate your request and to assist you before and during your training.
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.
6. Students must be full time (12 or more credits) at an accredited institution.
7. Students who drop below a 2.0 GPA or will be put on academic probation.

I read the above statement and I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant Signature

Date

Interviewer Signature

Date