



APPLICATION PACKET FOR PROGRAM SERVICES

AVCP EET&CC programs are available to all eligible members of a federally recognized tribe who reside in the AVCP service area. *If you reside in Bethel or you are an ONC tribal member you must contact the Orutsararmiut Native Council for assistance.*

DEADLINES:	<i>Higher Education</i>	June 1 and December 1
	<i>Training Programs</i>	Two months prior to start date
	<i>* Technical, Occupational and Apprenticeship Training</i>	
	<i>Employment Assistance</i>	Two weeks before 1st full paycheck received
	<i>Work Experience</i>	Open enrollment
	<i>On-the-job Training</i>	Open enrollment
	<i>Child Care Assistance</i>	Open enrollment*
	<i>* There are separate applications for Child Care Assistance</i>	

Mail, scan or fax completed application to:

AVCP EET&CC Department
 P.O. Box 219
 Bethel, AK 99559

Feel free to call us with any questions about this application or our programs, toll free at 1(800)478-3521 (in-state), or (907)543-7482; ask for the appropriate EET&CC program staff:

Evelyn Pensgard	Director	Ext. 7481
Katelyn Kinagak	Intake Specialist	Ext. 7482
Steven Aluska	EET-477 Case Manager	Ext. 7484
Beverly Turner	EET-477 Case Manager	Ext. 7485
Pauline Palacios	Child Care Coordinator	Ext. 7457
Fredrika Chaney	Child Care Specialist	Ext. 7458

Submit application and all required documentation.

Requirements:

- Application
- Copy of Tribal ID card or tribal verification form
- Budget Forecast- fill out top portion, sign and date; *we will submit to your School FAO*
- Military Selective Service Number- All men must provide proof of filing
- Individual Development Plan- Part 5, page7
- Written Statement – Part 4, page 6

Program Requirements:

Higher Education:

Submit the following:

- Acceptance
- College Transcripts
- Student Aid Report (SAR) – the FAFSA reply (required)

Training:

Submit the following:

- Acceptance letter
- Student Aid Report (SAR) – the FAFSA reply
- TABE Results

Employment Assistance

Submit the following:

- Employment Verification Form
- Landlord Verification Form (if seeking rental assistance)

Work Experience/On-The-Job Training

Child Care Assistance

ADDITIONAL SCHOLARSHIP INFORMATION FOR YUKON-KUSKOKWIM DELTA ORGANIZATIONS

Please contact the appropriate agencies for more information.

Organization	Deadline(s)	Eligibility
AVEC, Inc. 1(800)478-1818 or 1(907)561-1818 Fax: 1(800)478-2389 Attn: Member Services Manager	April 15, August 15 Voc Training: 2-3 Months prior to start date. Application available at: www.avec.org	Member of AVEC or residing in household whose head-of-household is an active member
Calista Scholarship Fund 1(800)277-5516 or 1(907)279-5516 Fax: 1(907)279-8430 Calista Heritage Foundation Scholarships@calistacorp.com	June 30, December 1 Application available at: www.calistacorp.org	Enrolled member or a descendant of a shareholder
Coastal Villages Region Fund (CVRF) Louis Bunyan Memorial Scholarship 1(888)795-5151 or 1(907) 278-5151 Fax: (907) 278-5150 scholarships@coastalvillages.org	Varies check with CVRF Application available at: www.coastalvillages.org	Resident of a CVRF member community for 5+ years
State of Alaska Department of Labor & Workforce Development 1(866)683-2941	No deadline	Program Dependent
United Utilities, Inc. 1(800)478-2020 ext. 5214 Fax: 1(907)563-3185	April 16 th (may vary) Application available at: www.unicom-alaska.com	Communities served by United Utilities, Inc.
Yukon Delta Fisheries Development Assn. (YDFDA) 1(877)985-6625 or 1(907) 949-1202	Feb. 14 th – UA Foundation www.uaonline.alaska.edu April 15, July 15, Dec. 15 Vocational Training: 2 months prior to start date www.ydfda.org	Resident of Kotlik, Emmonak, Alakanuk, Nunam Iqua, Mountain Village or Grayling for 5+ years
YK Health Corporation – PA Health Care Professional Scholarship 1(800)478-3321 ext. 6981 or 1(907)543-6981 Fax: 1(907)543-6061	11-30-16 and 5-26-17 Application available at: www.ykhc.org	Tribal members and descendants; Employees with one year completed service and in good standing
Education Housing Assistance Grants (EHAG) See or call your Local Tribal Office	Limited Funds available first come first served	Member of a tribe who designates AVCPRHA as their TDHE
Free Application for Federal Student Aid (FAFSA) www.fafsa.ed.gov	Available October 1	
www.fastweb.com	Possible scholarships after a profile on website	
www.aigcs.org	For Graduate College students	

Association of Village Council Presidents
Education, Employment, Training & Child Care Department



PROGRAM SERVICES APPLICATION

I AM APPLYING FOR:

- FALL _____
- WINTER _____
- SPRING _____
- SUMMER _____

Check all programs you are applying for:

- Technical Training Occupational Training Apprenticeship Training
 Higher Education Employment Assistance On-the-Job Training Work Experience

PART 1. PERSONAL INFORMATION

Name: _____	SSN (OPTIONAL): _____
Mailing Address: _____	
Physical Address: _____	
City/State: _____	Zip: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____
Current Phone No.: _____	(Work Home Cell) Email: _____

Are you enrolled with a Federally Recognized Tribe? Yes No
 If yes, which are you enrolled to: _____ Enrollment #: _____

Please provide your Selective Service Number (men over age 18 only): _____
 (Available at www.sss.gov - We can also look it up for you if needed, using your DOB and SSN.)

PART 2. FAMILY/HOUSEHOLD INFORMATION

*Family includes husband/wife and/or parent/guardian, and any dependent children. If you file your own income taxes but, live with your family you are considered a **FAMILY OF ONE**. Income information only needs to be provided for those listed on your tax return.*

Name	DOB	Age	Relationship	6 mo. Income	Source
			Self		

Emergency Contact Information

List person(s) who can be contacted in case of an emergency:

Name	Address	Telephone No.	Relationship

Family Income Information: To determine eligibility submit documentation identifying your past 6 months income (**except if you are applying for Higher Education**). The most common types of income are:

- *Gross wages/salaries
- *Regular insurance payments
- *Regular pension/retirement
- *Worker's Compensation Benefits
- *Net self-employment income
- *Dividends, interest, net rental income
- *Alimony/spousal support
- *Educational assistance (not needs-based)
- *Commercial fishing income
- *Gambling/lottery winnings
- *Disability insurance payments
- *Training Stipends

PART 3. EDUCATION/TRAINING HISTORY

Previous Education/Training Information

Did you graduate from high school or receive your GED? Yes No currently attending
 If yes, name of high school: _____ Month/Year: _____

Has AVCP funded any of your previous training or education? Yes No If yes, Please list:

Name of School	Attendance Dates (From-To)	Certificate/License/Degree Earned

Current Education/Training Information

Name of College or Training Facility (and address) I plan to attend:

Admission Status: Applied Accepted

Start Date: _____ Expected Graduation Date: _____

Major: _____ Minor(if applicable): _____

Expected College Degree or Training Certificate: AA BA

<i>Current College Class Standing:</i>	<i>Enrollment Status:</i>
<input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Full-time (12 or more credits) <input type="checkbox"/> Part-time (6 or more credits)

PART 5. INDIVIDUAL DEVELOPMENT PLAN

1. Name	2. SSN (Optional):	3. Date
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4. PERIOD COVERED:	5. LAST UPDATED:
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6. DEVELOPMENT OBJECTIVES

6a. SHORT TERM OBJECTIVES (4-12 MONTHS):

6b. LONG TERM OBJECTIVES (1 YEAR+):

7. FORMAL TRAINING OBJECTIVES

7a. COURSE ID	7b. COURSE TITLE	7c. PROVIDER (print name)	7d. DATE SCHEDULED OR PROPOSED	7e. DATE COMPLETED

8. FORMAL EDUCATION

8a. DEGREE	8b. NAME OF PROGRAM	8c. PROVIDER (PRINT NAME)	8d. DATE SCHEDULED OR PROPOSED	8e. DATE COMPLETED

Signature: _____ **Date:** _____

ASSIGNMENT OF RIGHTS/WAIVER OF LIABILITY

I, the undersigned, have the authority to hereby grant AVCP the right and permission to use, at AVCP's discretion, photographs and images of me, as well as my biographical information disclosed to AVCP by me for promotional and/or informational purposes. I understand that no monetary or other compensation will be offered to me in exchange for these rights and permissions. Usage encompasses, but is no limited to, newsletters, printed publications and other collateral, internet and websites, advertising, video and/or audio presentations. I forever release, discharge, and agree to hold AVCP and its affiliates, officers, directors, employees, and agents harmless from any liability by virtue of any use whatsoever of said photographs, images or biological information.

PRINT NAME

SIGNATURE

DATE

PRINT NAME OF PARENT OR LEGAL GUARDIAN

SIGNATURE

DATE

AGREEMENT

Initial

Application _____ I certify that all information and documentation in this application is true and correct.

_____ I understand this application does not commit AVCP to award a scholarship and any decisions made by AVCP are final.

_____ I understand **LATE and INCOMPLETE** applications will not be reviewed, additional materials will be discarded, and submitted materials become the sole property of AVCP and cannot be returned.

Scholarship _____ If awarded the scholarship, I agree the funds will be used to further my education program approved by AVCP.

_____ If awarded the scholarship, I agree that if for any reason the scholarship is not used for the educational program approved by AVCP and/or I do not fulfill the scholarship requirements which may include, but are not limited to, withdrawing from school, incompletion of courses, and/or change in academic status;

- I must return any scholarship funds not used toward my tuition, books, and fees within 3 months of occurrence.
- I will not be permitted to apply for the AVCP scholarship for one (1) full year from the initial date of award.
- Each situation will be reviewed on a case by case bases and all decisions made by AVCP are final.

_____ If awarded the scholarship, I agree that I will maintain and satisfactorily complete a full-time or part-time status for the entire semester/quarter I am receiving the scholarship.

_____ If awarded the scholarship, I agree that I must have at least a 2.0 or higher GPA for the entire semester/ quarter I am receiving the scholarship.

_____ If awarded the scholarship, I agree to submit my official transcripts when due and meet all other reporting requirements.

_____ If awarded the scholarship, I agree I must immediately notify AVCP of any changes to my academic status.

I have read and understand the "Agreement" and, if approved, agree to abide by the terms and conditions of the scholarship.

PRINT NAME

SIGNATURE

DATE

PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE

RELATIONSHIP

DATE

**Association of Village Council Presidents
Education, Employment, Training & Child Care Department**

P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7482 Fax: 1(907)543-4261
Toll Free: 1(800)478-3521 In-state only



BUDGET FORECAST AUTHORIZATION FORM

Name: _____ SSN: _____/_____/_____ Stud. ID#: _____

Mailing Address: _____

City, State, Zip: _____

College/University: _____ Rank: Freshman Sophomore Junior Senior Graduate

I authorize/consent the release of any information needed by the AVCP EET & CC Department to determine my eligibility for assistance.

Signature of Student _____

Date _____

Note: This authorization/consent shall remain in effect during the student's consecutive and continued attendance at the College/University listed above to obtain current unmet needs and any other awards when requested by AVCP EET&CC Staff until student graduates.

For Financial Aid Office Use Only *FAO may use own budget forecast form if available; otherwise please use this form.

School Budget:

Financial Aid Staff Name: _____

TUITION \$ _____
FEES \$ _____
BOOKS \$ _____
SUPPLIES \$ _____
ROOM \$ _____
BOARD \$ _____
TRANSPORTATION \$ _____
Personal/MISC. \$ _____
TOTAL BUDGET \$ _____

Staff Signature: _____ Date: _____

Phone #: (_____) _____ Fax #: (_____) _____

AVCP Scholarship should be mailed to: _____

Student is currently:

- Full-time Part-time
 On Campus Off Campus Distance Delivery Attending Technical Training Program

STUDENT RESOURCES AND INSTITUTION AWARDS:

Type of Aid:	Fall 20____	Winter 20____	Spring 20____	Summer 20____	Total Resources
AVCP EET&CC					
Calista Corporation					
College/University Loan					
Coastal Villages Region Fund (CVRF)					
Yukon Delta Fisheries Development Assn. (YDFDA)					
Federal Family Education Loan/Direct Loan					
Federal Pell Grant					
Federal Supplemental Education Opportunity Grant					
Federal Work Study					
Parent/Student Contribution					
Student/Spouse Contribution					
UA Scholar					
United Utilities Inc. (UII)					
YKHC					
SOA/Workforce Development:					
Tribal Education Housing Grant					
Other:					
				Total Funding Amount	
				Unmet Needs	