



**ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS**  
*Education, Employment, Training & Child Care Department*  
BETHEL, ALASKA

**HIGHER EDUCATION RENEWAL APPLICATION**

***Please complete and return with attachments:***

- Class Schedule or Registration/Enrollment Form
- Unofficial transcript
- Budget Forecast – fill out top portion, sign and date
- Student Aid Report (SAR) (the FAFSA reply)

<b>HIGHER EDUCATION DEADLINES:</b>	June 1	Fall Semester
	December 1	Spring Semester

*Any questions about this application or our programs please call 1(800)478-3521 for EETCC 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

**Mail, fax or scan & e-mail completed application to :**

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



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



**I AM APPLYING FOR:**

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> FALL _____   | <input type="checkbox"/> Part time |
| <input type="checkbox"/> WINTER _____ |                                    |
| <input type="checkbox"/> SPRING _____ | <input type="checkbox"/> Full time |
| <input type="checkbox"/> SUMMER _____ |                                    |

**HIGHER EDUCATION RENEWAL APPLICATION**

**PART 1. PERSONAL INFORMATION**

Name: \_\_\_\_\_ School Student ID#: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Tribe Enrolled With: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_  
Cell Phone No.: \_\_\_\_\_ Alternate No.: \_\_\_\_\_  
Current Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**PART 2. SCHOOL INFORMATION**

College/University: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**PART 3. CHANGES OR UPDATES**

Are there any changes to your status, standing, school, etc.?

Yes  No Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 4. REVIEW OF ORIGINAL EDP**

Have there been any changes to your initial goals and objectives as listed on your Individual Development Plan (IDP)?  Yes  No

If yes, please note: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

  
  
  
  
  
  
  
  
  
  

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

  
  
  
  
  
  
  
  
  
  

**7. FORMAL TRAINING OBJECTIVES**

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

**8. FORMAL EDUCATION**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Certification Statement**

I certify that the information provided herewith is true and correct to the best of my knowledge. I understand that I am subject to immediate termination if I am found ineligible after enrollment.

I further understand that if I deliberately falsify any information on this application, I may be prosecuted for fraud and/or perjury.

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Applicant Signature Date

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Parent/Guardian Signature if less than 18 years of age 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: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

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 effective 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:

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

Financial Aid Staff Name: \_\_\_\_\_

Financial Aid Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

AVCP Scholarship should be mailed to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student is currently:

- Full-time     Part-time  
 On Campus     Distance Delivery     Vocational Training

**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)-LBM					
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. (UUI)					
YKHC					
SOA/Workforce Development:					
Other:					
				Total Funding Amount	
				Unmet Needs	