Higher Education Fall Renewal Application

Revised: January 2019

Please complete the entire application and submit to our office. You can either attach the required documents listed below or send them when they are available:

[ ] Spring Transcripts – Unofficial Acceptable
[ ] Fall Courses / Class Schedule
[ ] Budget Forecast from your Financial Aid Office (Complete)
[ ] Student Aid Report (SAR) FAFSA Reply

**DEADLINE:** June 1

Fax, Email or Mail your application

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

1-800-478-3157 TOLL FREE
(907) 543-7432 DIRECT
(907) 543-4261 FAX

Call us if you have any questions regarding this application or about any of our programs.

- Beverly Turner, Director, Ext. 7431, bturner@avcp.org
- Darline Kiunya, Office Manager, Ext. 7432, dkiunya@avcp.org
- Steven Aluska, EET 477 Case Manager, Ext. 7433, saluska@avcp.org
- Carol Hunter, EET 477 Case Manager, Ext. 7434, chunter2@avcp.org
- Aanii Anaver, EET 477 Case Manager, Ext. 7439, aanaver@avcp.org

April 2018
AN ADDENDUM TO RESOLUTION #91-28 ESTABLISHING A POLICY OF SOBER AND RESPONSIBLE REPRESENTATION FOR AREA VILLAGES

WHEREAS: The Association of Village Council Presidents, Inc. (AVCP, Inc.) is the regional non-profit organization representing its 55 member indigenous Native villages within western Alaska and supports the endeavors of its member villages; and

WHEREAS: AVCP, Inc. recognizes the critical effect that alcohol abuse is having on our survival as native people; and

WHEREAS: AVCP, Inc. at its Twenty-Seventh Annual Convention made a declaration of war against alcohol and drugs by adopting Resolution #91-28; and

WHEREAS: AVCP, Inc. supports the efforts of YKHC in their “Take Pride in Sobriety” campaign; and

WHEREAS: The time has come for us to demand strong, sober leadership to provide positive role models for our children and constituents;

NOW THEREFORE BE IT RESOLVED THAT the delegates of the 32nd Annual Convention have determined to address the issue of representing staff, delegates, Board Members and any other individuals sponsored by AVCP, Inc. funds to attend regional, state and federal meetings, or educational institutions and who do not fulfill their responsibilities due to the abuse of Alcohol. The following sanctions may be imposed for just cause, which may include but not limited to the following:

1. Full reimbursement of travel and per-diem costs to AVCP, Inc.
2. A letter to be sent to appropriate entities advising them of the circumstances and actions.
3. In the case of a Board Member or staff member abusing alcohol when representing AVCP, Inc. the first violation will result in removal or termination unless the individual enters a substance abuse treatment program, a written reprimand and reimbursement proof of travel expenses. The second violation will result in removal or termination.
4. In the case of individuals who are not employed by AVCP, Inc., but are funded by AVCP, Inc. to attend meetings or conferences, a second violation will result in the individuals being “black listed” from representing AVCP, Inc. until they can exhibit responsible and accountable behavior. For clients, a first violation will result in not funding assistance until proof of substance abuse treatment and one year of sobriety is shown.

ADOPTED by the Association of Village Council Presidents, Inc. meeting in its Thirty-Second Annual Convention in Emmonak, Alaska on October 10, 1996, with a duly constituted quorum of delegates.

__________________________  ____________________________
Glen Fredericks, Chairman of the Board               Myron Hansen, President
Higher Education Renewal Application

Part 1. Personal Information

Name: __________________________________________ School Student ID#: ________________

Home Mailing Address: __________________________________________________________________

City, State, Zip: ______________________________________________________________________

Tribal Enrollment: __________________________________

Cell Phone #: ___________________________ Alternate #: ______________________

Current Email Address: __________________________________________________________________

Mailing Address at School: __________________________________________________________________

City, State, Zip: ______________________________________________________________________

Emergency Contact: _____________________________________________________________________

Relationship to you: __________________________ Phone #: ______________________

Part 2. School Information

College / University currently attending: ______________________________________________________

Major: __________________________ Minor: __________________

What school year you are applying for? ______________________________________________________

Is this a Quarter system campus? [ ] Yes [ ] No

I am attending classes: [ ] On Campus [ ] Off Campus [ ] Distance Delivery

When do you expect to graduate? _________________________________________________________

Has it changed from your original application? [ ] Yes [ ] No If yes, what was your original

anticipated graduation date? __________________________________________________________________

What is your current class standing? [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate

[ ] Less Part-time (3-5 credits) [ ] Part-time (6 – 11 credits) [ ] Full-time (12 or more)

Part 3. Changes or Updates

Have there been any changes to your status, standing, school, etc., since you submitted your original

application? [ ] Yes [ ] No Comments: ______________________________________________________

_____________________________________________________________________________________

Did you apply for FAFSA? [ ] Yes [ ] No [ ] Pending [ ] Will apply
Have you applied for other funding sources? [ ] Yes [ ] No If yes, who did you apply with (or who do you plan to apply with?) and what is the status? ________________________________________________________________

Are you currently employed? [ ] Yes (Full-time or Part-time) [ ] No
If yes, who is your employer: ______________________________ Hourly Wage: __________
If no, last employment date: ___________________________ Last Hourly Wage: __________

**PART 4. REVIEW OF ORIGINAL IDP**

Have there been any changes to your initial goals and objectives from what you stated when you first submitted your Individual Development Plan (IDP)? [ ] Yes [ ] No
If yes, please comment and describe what has changed: ________________________________________________________________

Has there been any change in barriers that may affect your ability to become employed once you complete your education? [ ] Yes [ ] No If yes, what are they? ________________________________________________________________

Is there any change(s) to how you would like your Case Manager to be involved in your plan? [ ] Yes [ ] No If yes, what would you like changed? ________________________________________________________________

____________________________________________________

EET 477 Case Manager Signature __________________________ Date __________________________

**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.

____________________________________________________

Applicant Signature __________________________ Date __________________________
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: __________________________

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<th>Type of Aid</th>
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<th>Winter 20___</th>
<th>Spring 20___</th>
<th>Summer 20___</th>
<th>Total Resources</th>
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<td>Personal/MISC.</td>
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<td>TOTAL BUDGET$</td>
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Student is currently:  
☐ Full-time  ☐ Part-time  ☐ On Campus  ☐ Off Campus  ☐ Distance Delivery  ☐ Attending Technical Training Program

STUDENT RESOURCES AND INSTITUTION AWARDS:

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<th>Type of Aid</th>
<th>Fall 20___</th>
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<th>Total Funding Amount</th>
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<td>Yukon Delta Fish. Develop/ Assn. (YDFDA)</td>
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<td>Federal Family Education Loan/Direct Loan</td>
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<td>Student/Spouse Contribution</td>
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<td>Tribal Education Housing Grant</td>
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Unmet Needs