APPLICATION PACKET FOR PROGRAM SERVICES

Revised: April 2019

AVCP EET&CC programs are available to eligible enrolled members of federally recognized tribes for the following: (Note: Each program has guidelines for eligibility and can be establish before or after application process – depending on circumstances)

**Higher Education only – you must be an enrolled member of one of the AVCP compact tribes.**

**Training and other related services – If you reside in Bethel or are an ONC tribal member you must contact the Orutsararmiut Native Council for assistance. If you reside outside the AVCP Region service area you must contact the nearest office of your residence.**

**DEADLINES:**

<table>
<thead>
<tr>
<th>Program</th>
<th>Deadline/Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Education</td>
<td>June 30 and December 30</td>
</tr>
<tr>
<td>Training Programs</td>
<td>Two months prior to start date</td>
</tr>
<tr>
<td>Employment Assistance</td>
<td>At-Least Two weeks prior to 1st full paycheck</td>
</tr>
<tr>
<td>Work Experience</td>
<td>Must be requested by Organizations</td>
</tr>
<tr>
<td>On-the-job Training</td>
<td>Must be requested by Organizations</td>
</tr>
</tbody>
</table>

Fax, Email or Mail your application

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

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

Call us with any questions about this application or any of our programs.

EET&CC program staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Turner</td>
<td>EET&amp;CC Director</td>
<td>7431</td>
<td><a href="mailto:bturner@avcp.org">bturner@avcp.org</a></td>
</tr>
<tr>
<td>Darline Kiunya</td>
<td>EET Office Manager</td>
<td>7432</td>
<td><a href="mailto:dkiunya@avcp.org">dkiunya@avcp.org</a></td>
</tr>
<tr>
<td>Steven Aluska</td>
<td>EET 477 Case Manager</td>
<td>7433</td>
<td><a href="mailto:saluska@avcp.org">saluska@avcp.org</a></td>
</tr>
<tr>
<td>Carol Hunter</td>
<td>EET 477 Case Manager</td>
<td>7434</td>
<td><a href="mailto:chunter2@avcp.org">chunter2@avcp.org</a></td>
</tr>
<tr>
<td>Aanii Anaver</td>
<td>EET 477 Case Manager</td>
<td>7439</td>
<td><a href="mailto:aanaver@avcp.org">aanaver@avcp.org</a></td>
</tr>
</tbody>
</table>

April 2019
Application Requirements:

☐ Application - Complete
☐ Written Statement – Part 4, page 3
☐ Individual Development Plan- Page 4
☐ Budget Forecast – Complete only top section, sign / date and submit to your financial aid office
☐ Copy of Tribal ID card or tribal enrollment verification form
☐ Military Selective Service – Men ages 18-25 must provide proof of filing

Program Documents:

Higher Education:

Submit the following:
☐ Acceptance Letter
☐ High School Transcripts or Diploma / College Transcripts (Unofficial is acceptable)
☐ Class Schedule / Courses in Progress
☐ Student Aid Report (SAR) – the FAFSA reply (required)

Training:

Submit the following:
☐ Acceptance letter
☐ Income: Copies of last 6 months paycheck stubs. No Income tax forms.
☐ TABE Test Results if you have taken test
☐ Student Aid Report (SAR) – The FAFSA reply (Only if applicable)

Employment Assistance

Submit the following:
☐ Employment Verification Form
☐ Landlord Verification Form (if seeking rental assistance)

Work Experience or On-the-Job Training

Either of the two programs must be requested by the Organization or Company Lead Representatives in writing

Child Care Assistance

Contact Child Care staff for more information
### ADDITIONAL SCHOLARSHIP INFORMATION FOR YUKON-KUSKOKWIM DELTA ORGANIZATIONS
Please contact the appropriate agencies for more information.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Deadline(s)</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVEC, Inc.</td>
<td>April 15, August 15 Voc Training: 2-3 Months prior to start date. Application available at: <a href="http://www.avec.org">www.avec.org</a></td>
<td>Member of AVEC or residing in household whose head-of-household is an active member</td>
</tr>
<tr>
<td>Calista Scholarship Fund</td>
<td>June 30, December 1 Application available at: <a href="http://www.calistacorp.org">www.calistacorp.org</a></td>
<td>Enrolled member or a descendant of a shareholder</td>
</tr>
<tr>
<td>Coastal Villages Region Fund (CVRF)</td>
<td>Varies check with CVRF Application available at: <a href="http://www.coastalvillages.org">www.coastalvillages.org</a></td>
<td>Resident of a CVRF member community for 5+ years</td>
</tr>
<tr>
<td>State of Alaska Department of Labor &amp; Workforce Development</td>
<td>No deadline</td>
<td>Program Dependent</td>
</tr>
<tr>
<td>United Utilities, Inc.</td>
<td>April 16(^{th}) (may vary) Application available at: <a href="http://www.unicom-alaska.com">www.unicom-alaska.com</a></td>
<td>Communities served by United Utilities, Inc.</td>
</tr>
<tr>
<td>Yukon Delta Fisheries Development Assn. (YDFDA)</td>
<td>Feb. 14(^{th}) – UA Foundation <a href="http://www.uaonline.alaska.edu">www.uaonline.alaska.edu</a> April 15, July 15, Dec. 15 Vocational Training: 2 months prior to start date <a href="http://www.ydfda.org">www.ydfda.org</a></td>
<td>Resident of Kotlik, Emmonak, Alakanuk, Nunam Iqua, Mountain Village or Grayling for 5+ years</td>
</tr>
<tr>
<td>YK Health Corporation – PA Health Care Professional Scholarship</td>
<td>11/30/16 -5/26/17 Application available at: <a href="http://www.ykhc.org">www.ykhc.org</a></td>
<td>Tribal members and descendants; Employees with one year completed service and in good standing</td>
</tr>
<tr>
<td>AVCP Tribal Workforce Development</td>
<td>Call or more information</td>
<td>18-24 Years Old</td>
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<tr>
<td>Free Application for Federal Student Aid (FAFSA)</td>
<td>Available October 1</td>
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<td><a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a></td>
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<td><a href="http://www.fastweb.com">www.fastweb.com</a></td>
<td>Possible scholarships after a profile on website</td>
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<tr>
<td><a href="http://www.aigcs.org">www.aigcs.org</a></td>
<td>For Graduate students</td>
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</table>
AVCP
ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
P.O. BOX 219 • BETHEL, ALASKA 99559 • PHONE 643-3521

THIRTY-SECOND ANNUAL CONVENTION
EMMONAK, ALASKA • OCTOBER 8-10, 1996

RESOLUTION 96-10-13

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 56 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 reprimanding staff, delegates, Board Members and any other individuals sponsored by AVCP, Inc. funds to attend regional, state and federal meetings, 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 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.

[Signatures]

Glenn Frederick, Chairman of the Board
Myron Hansen, President
# EET Program Services Application

## Part 1. Personal Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>SSN:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
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<tr>
<td>Physical Address:</td>
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<td>City/State:</td>
<td>Zip:</td>
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<tr>
<td>Gender:</td>
<td>Male</td>
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<tr>
<td>Marital Status:</td>
<td>Single</td>
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<td>Phone No:</td>
<td>Email:</td>
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</table>

How long at this residence? _______________ Years ______________ Months

Are you enrolled to a Federally Recognized Tribe? □ Yes □ No
If yes, which Tribe: ________________________ Enrollment #: __________________
Are you currently employed? □ Yes □ No  If yes, are you full-time? □ Yes □ No
Are you a Veteran? □ Yes □ No
Males age 18 to 25, your Selective Service Number: ____________________________

## Part 2. Family/Household Information

*List only your immediate Family Members (Do not list other family if in multiple family home)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>DOB</th>
<th>Age</th>
<th>6 months Income</th>
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</tbody>
</table>
Emergency Contact Information
List person(s) to contact in case of an emergency:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone No.</th>
<th>Relationship</th>
</tr>
</thead>
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</tbody>
</table>

Family Income Information: Submit copies of your past 6 months income (except if you are applying for Higher Education). The common types of income are:

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

Do you receive? ☐ TANF  ☐ Food Stamps/Public Assistance  ☐ General Assistance

PART 3. EDUCATION/TRAINING HISTORY

Previous Education/Training Information
Did you graduate from high school or receive your GED?  ☐ Yes  ☐ No  ☐ Still attending

High school: _____________________________ Year Graduated: ______________________

Did AVCP fund you for any previous training or education?  ☐ Yes  ☐ No  If yes, list below:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Attendance Dates (From-To)</th>
<th>Certificate/License/Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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: ______________________

Training Program / College Major: ______________________________________________________

Certificate or Degree:  ☐ Certification  ☐ AA  ☐ AAS  ☐ BA/BS  ☐ Graduate / Doctorate

Current College Class Standing:  ☐ Freshmen  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Graduate / Doctorate

Enrollment Status:  ☐ Full-time (12 or more credits)  ☐ Part-time (6 to 11 credits)  ☐ (below 6 credits)
Check off any barriers or needs for Education, Employment and/or Training listed below:

- □ Reading skills below 7th grade level
- □ Learning Materials
- □ Lack work history
- □ Any Disability
- □ Single Parent
- □ No Transportation
- □ Math skills below 7th grade level
- □ Limited English
- □ Unemployed
- □ Need Clothing
- □ Child Care
- □ No Driver’s License
- □ Employed with low income
- □ In Treatment
- □ Lack Housing
- □ Homeless
- □ Pregnant
- □ High School Dropout
- □ No GED
- □ Substance Abuse
- □ Sex Offender
- □ Family Problems
- □ Need Funding
- □ Under 24 Years Old
- □ Other:_______________

**PART 4. WRITTEN STATEMENT**

The main purpose of our programs is for eligible tribal members gain needed skills to find and secure employment. Whether by attending an education or training program or to request assistance in finding employment, our goal is to help you become self-sufficient.

Write an essay about how your request for assistance will lead you to your desired employment. Be specific to include any and all information to better assist you.

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Other Funding Sources You Have Applied To: MUST apply for other funding sources

Did you apply for the FAFSA?
☐ Yes  ☐ No  ☐ In the process

If applicable, the FAFSA application is on-line at www.fafsa.gov

List any and all additional funding sources you’ve applied to AND the amount awarded if known:

1. ____________________________________________ $ __________________________
2. ____________________________________________ $ __________________________
3. ____________________________________________ $ __________________________
4. ____________________________________________ $ __________________________

**PART 5. EMPLOYMENT HISTORY**

Name of Current or last Employer: __________________________________________
Job Title: _________________________________ Hourly Wage: ______________
Address: __________________________________________
Start Date: ___________________________ End Date: _________________________
Reason for leaving: __________________________________________

Name of Last Employer: __________________________________________
Job Title: _________________________________ Hourly Wage: ______________
Address: __________________________________________
Start Date: ___________________________ End Date: _________________________
Reason for leaving: __________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
# INDIVIDUAL DEVELOPMENT PLAN

## CAREER GOALS / MOTIVATIONS

What is my employment or career goal?
What can I do to make this come true?

## TALENTS OR STRENGTHS (3-5)

What are my talents & strengths?

## DEVELOPMENT OPPORTUNITIES (1-2)

What knowledge or skills do I need to learn?

## FOCUSED IDP OBJECTIVES AND ACTION STEPS

What development goals do I have for the next 12 months? The next 3 to 5 years?
What can I do to achieve this or these goals?
AUTHORIZATION FOR RELEASE OF INFORMATION

I, ________________________________________________, hereby authorize any person, agency or institution to release any and all information requested by the Association of Village Council Presidents Education, Employment, Training & Child Care (EET&CC) Department contained in City Councils, Village Councils, State, Federal, Private and Educational Agencies’ records, concerning me and to allow inspection and reproduction of records in their possession pertaining to me by any duly authorized representative of EET&CC. The EET&CC Department is also authorized to share information needed for financial consideration with other funding agencies and organizations on my behalf (e.g. State DOL/WIA, joint application with AVCP).

Listed below is information I do not wish to be shared with or by the EET&CC Department:

____________________________________________________________________________________
____________________________________________________________________________________

This authorization shall continue to be in effect for three (3) years from date signed. I acknowledge that if I wish to change any item under this authorization, including the date of expiration, or to revoke my consent, I am required to sign and submit a new ROI form.

Signature ____________________________________________ Date ______________________________

Mailing Address (City/State/Zip Code)

Contact Phone Number

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 PARENT / LEGAL GUARDIAN if under 18 ______________________________ SIGNATURE ______________________________ DATE ________________
**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 or services requested. Any and all decisions made by AVCP are final.

I understand **LATE and INCOMPLETE** applications may 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 it will be used to further my education program or specifically used as determined and approved by EET&CC staff.

I agree that if for any reason the scholarship is not used for my educational program 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 is not used toward the school’s budget forecast list
- Each situation will be reviewed on a case by case bases.

I agree that I will maintain and satisfactorily complete a full-time, part-time or less than part-time status for the entire semester/quarter that I have received the scholarship.

I agree to complete with at least a 2.0 or higher GPA for the entire semester/quarter.

I agree to submit unofficial transcripts or progress reports when due.

I agree I must immediately notify AVCP of any changes to my status.

**FUNDING**

If awarded funding for any other services other than what is listed above the funds shall be used in accordance to the agreed upon terms as described in our policy and procedures for specific programs offered.

I have read and understand the “Agreement” and if approved, agree to abide by the terms and conditions of the scholarship or funding.

____________________________  ______________________________  ____________________
PRINT NAME  SIGNATURE  DATE

____________________________  ______________________________  ____________________
PRINT NAME PARENT / GUARDIAN if under 18  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.*

<table>
<thead>
<tr>
<th>School Budget:</th>
<th>Financial Aid Staff Name: ______________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUITION $ _______</td>
<td>Staff Signature: ___________________________________ Date: ____________</td>
</tr>
<tr>
<td>FEES $ _________</td>
<td>Phone #: (<strong><strong><strong>) ______________________ Fax #: (</strong></strong></strong>) ______________________</td>
</tr>
<tr>
<td>BOOKS $ __________</td>
<td>AVCP Scholarship should be mailed to: __________________________________________</td>
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<tr>
<td>SUPPLIES $ __________</td>
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<td>ROOM $ _________</td>
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<td>BOARD $ __________</td>
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<td>TRANSPORT. $ _______</td>
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<tr>
<td>Personal/MISC. $ __________</td>
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<tr>
<td>TOTAL BUDGET $ __________</td>
<td></td>
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</tbody>
</table>

Student is currently:

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

**Student Resources and Institution Awards:**

<table>
<thead>
<tr>
<th>Type of Aid:</th>
<th>Fall 20____</th>
<th>Winter 20____</th>
<th>Spring 20____</th>
<th>Summer 20____</th>
<th>Total Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVCP EET&amp;CC</td>
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<tr>
<td>Calista Corporation</td>
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<tr>
<td>College/University Loan</td>
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<td>Coastal Villages Region Fund (CVRF)</td>
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<td>Yukon Delta Fish. Develop. Assn. (YDFDA)</td>
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<tr>
<td>Federal Family Education Loan/Direct Loan</td>
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<td>Federal Pell Grant</td>
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<td>Federal Supplemental Education Opportunity Grant</td>
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<td>Federal Work Study</td>
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<td>Parent/Student Contribution</td>
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<td>Student/Spouse Contribution</td>
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<td>UA Scholar</td>
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<td>United Utilities Inc. (UUI)</td>
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<td>YKHC</td>
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<td>SOA/Workforce Development:</td>
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<tr>
<td>Tribal Education Housing Grant</td>
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<td>Other:</td>
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</tbody>
</table>

Total Funding Amount

Unmet Needs