

AVCP

Association of Village Council Presidents
Education, Employment, Training & Child Care
Pouch 219, Bethel, AK 99559

The Voice of the Region



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.

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AVCP

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
P.O. BOX 219 • BETHEL, ALASKA 99569 • PHONE 543-3521

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

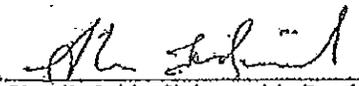
WHEREAS: AVCP, Inc. supports the efforts of YKHC in their "Take Pride in Sobriety" campaign; and

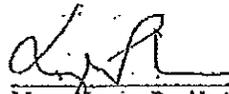
WHEREAS: The time has come for us to demand strong, sober leadership to provide positive role models for our children and constituents;

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, 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.


Glenn Fredericks, Chairman of the Board


Myron Naneig, President

AVCP

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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

Association of Village Council Presidents
Education, Employment, Training & Child Care Department
P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7432 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.

<u>School Budget:</u>	Financial Aid Staff Name: _____
TUITION \$ _____	Staff Signature: _____ Date: _____
FEES \$ _____	Phone #: (_____) _____ Fax #: (_____) _____
BOOKS \$ _____	AVCP Scholarship should be mailed to: _____
SUPPLIES \$ _____	_____
ROOM \$ _____	_____
BOARD \$ _____	_____
TRANSPORT. \$ _____	_____
Personal/MISC. \$ _____	_____
TOTAL BUDGET \$ _____	_____

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 Fish. Develop/ 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:					
Tribal Education Housing Grant					
Other:					
Total Funding Amount					
Unmet Needs					