The purpose of our scholarship program is for eligible tribal members to have access to funding resources in order to reach personal goals, and/or gain or keep employment. Whether by attending a higher education or training program, our mission in TWD is to grow our regions workforce and help provide you the tools to be self-sufficient.

Submit your completed application to:
Tribal Workforce Development
PO Box 219
Bethel, Alaska 99559
tribalworkforcedevel@avcp.org

Or drop your application off at your nearest Job Center:

Akiachak
Akiak
Alakanuk
Aniak
Atmautluak
Bethel
Chefornak
Chevak
Eek
Emmonak
Goodnews Bay
Hooper Bay
Kalskag
Kasigluk
Kipnuk
Kongiganak
Kotlik
Kwethluk
Marshall
Newtok
Mountain Village
Napakiak
Napaskiak
Nightmute
Nunapitchuk
Pilot Station
Quinhagak
Russian Mission
Scammon Bay
St. Mary’s
Toksook Bay
Tuluksak
Tututuliak
Tununak

Higher Education Scholarship:
Submit the following:
□ Complete Application
□ Copy of Tribal ID card or tribal verification
□ Military Selective Service—Men ages 18-25 must provide proof of filing
□ Acceptance Letter
□ High School Transcripts or Diploma / College Transcripts (Unofficial is acceptable)
□ Class Schedule / Courses in Progress
□ Budget Forecast
□ FAFSA Student Aid Report (SAR)

Vocational Training Scholarship:
Submit the following:
□ Complete Application
□ Copy of Tribal ID card or tribal enrollment verification form
□ Military Selective Service—Men ages 18—25 must provide proof of filing
□ Acceptance Letter
□ High School Transcripts or General Education Diploma
□ Budget Forecast
□ Locator Test
□ Copy of last pay stub from most recent employer
**Tribal Workforce Development**

101 A Main St., PO Box 219, Bethel, AK 99559 | T 907.543.7449 | F 907.543.7498

**Higher Education Scholarship** □ **Vocational Training Scholarship**

*(Please select the scholarship program to which you are applying.)*

### Part 1. Personal Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>SSN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Physical Address:</td>
<td></td>
</tr>
<tr>
<td>City/State:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Gender: □ Male □ Female</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Marital Status: □ Single □ Married □ Separated</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Are you enrolled in a Federally Recognized Tribe? □ Yes □ No
If yes, which Tribe: ___________________________ Enrollment #: ______________________

Are you currently receiving TANF? □ Yes □ No

Are you currently employed? □ Yes □ No  □ Part Time □ Full-time □ Seasonal
Are you a Veteran? □ Yes □ No  *Males age 18 to 25, please provide your Selective Service Number:* _________________

### Part 2. Education & Training

Did you graduate from high school or receive your GED? □ Yes □ No □ Still Attending School Attended: _________________ Year Graduated: _________________

**Current Education/Training Information**

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Start Date: _________________ Expected Graduation Date: _________________

Training Program / College Major:

Diploma, Certificate or Degree: □ Diploma □ Certification □ AA □ AAS □ BA/BS □ Graduate / Doctorate

<table>
<thead>
<tr>
<th>Current College Class Standing:</th>
<th>Enrollment Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Freshman □ Sophomore □ Junior</td>
<td>□ Full-time (12 or more credits)</td>
</tr>
<tr>
<td>□ Senior □ Graduate / Doctorate</td>
<td>□ Part-time (6 to 11 credits) □ below 6 credits</td>
</tr>
</tbody>
</table>

### Part 3.1 Family Composition & Income Eligibility *(Vocational Training Students ONLY)*

*List only yourself if you are single, have no children, and/or no one can claim you as a dependent.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>
Part 3.2 Employment Verification Form (Vocational Training Students ONLY)

Please complete this section if you are currently employed.

Name of Employer: ____________________________________________________________

Job Title: __________________________________________________ Hourly Wage: ________________

Address: __________________________________________________________________________

State Date: ___________________________________________ Supervisor: ________________________

Supervisor Contact Number: __________________________________________ Email Address: __________________________

Part 4. Additional Funding Sources

Other Funding Sources You Have Applied For:
Did you apply for the FAFSA? □ Yes □ No

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

List additional funding sources you’ve applied to, and the amount awarded if known:
1. __________________________________________ $ __________________________

Part 5. Individual & Family Self-Sufficiency Plan

Check off any barriers or needs for Education, Employment and/or Training listed below:

| □ Learning materials | □ Limited English | □ Employed with low income | □ No GED |
| □ Lack work history | □ No Driver’s License | □ In Treatment | □ Substance Abuse |
| □ Any Disability | □ Need Clothing | □ No Housing | □ Child Care |
| □ Sex Offender | □ Need Funding | □ No Transportation | □ Unemployed |
| □ Reading/Writing Skills | □ Math skills | □ No High School Diploma | □ Other: __________ |

Career Goals

What are your professional or personal goals for the next 12 months?

Personal Statement

Describe how your request for assistance will lead you to your desired career goal?

Please include an additional sheet if needed.
Part 6. Supportive Services
Through our Support Services program, eligible student can receive additional support while attending school. Please select the type of supportive services you are requesting.

<table>
<thead>
<tr>
<th>□ Travel Request</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Travel Request Form</strong></td>
</tr>
<tr>
<td><strong>Name of Traveler (as shown on Identification Card):</strong></td>
</tr>
<tr>
<td>Reason for Travel Request (Example: attend school):</td>
</tr>
<tr>
<td>Start Date:</td>
</tr>
<tr>
<td>Departure City:</td>
</tr>
<tr>
<td>Departure Date:</td>
</tr>
<tr>
<td>Frequent Flyer # (if applicable):</td>
</tr>
<tr>
<td>Emergency Contact:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ Rental Assistance (if living off campus and attending school)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This form must be signed and dated by the landlord. Landlord must also submit a W9.</strong></td>
</tr>
<tr>
<td><strong>Landlord Verification Form</strong></td>
</tr>
<tr>
<td>Property or Landlord Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Tenants Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Occupancy Date:</td>
</tr>
<tr>
<td>Monthly Rent Amount: $__________________</td>
</tr>
<tr>
<td>Landlord Signature:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>□ Learning Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clothing or Equipment Request</strong></td>
</tr>
<tr>
<td>Type of Clothing or Equipment (workbooks, laptop, printer/scanner):</td>
</tr>
</tbody>
</table>
Part 7. Budget Forecast Authorization Form

Name: ___________________________ SSN: ___ / ___ / ___ Student ID: __________
Mailing Address: ___________________________ City, State, Zip: ___________________________
Training Facility/College/University: ___________________________
Rank: Freshman Sophomore Junior Senior Graduate

I authorize/consent the release of any information needed by the AVCP TWD 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 Training Facility /College/University listed above to obtain current unmet needs and any other awards when requested by AVCP TWD Staff until student graduates.

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

- □ Fall ______ Semester Budget Forecast
- □ Spring ______ Semester Budget Forecast
- □ Quarter ______ Quarter Budget Forecast
- □ Annual ______ Annual Budget Forecast

<table>
<thead>
<tr>
<th>Type of Aid</th>
<th>Fall 20 ______</th>
<th>Winter 20 ______</th>
<th>Spring 20 ______</th>
<th>Summer 20 ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVCP TWD</td>
<td></td>
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<tr>
<td>Calista Corporation</td>
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<tr>
<td>Alaska Performance Scholarship</td>
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<tr>
<td>Coastal Villages Region Fund (CVRF)</td>
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<tr>
<td>The Kuskokwim Corporation</td>
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<tr>
<td>United Utilities, Inc (UUI)</td>
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<tr>
<td>Unsubsidized Loan</td>
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<tr>
<td>Stanford Loan</td>
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<tr>
<td>Federal Pell Grant</td>
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<tr>
<td>Parent/Student Contribution</td>
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<tr>
<td>Student/Spouse Contribuition</td>
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<tr>
<td>Other:</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

Financial Aid Staff Name: ___________________________ Date: ___________________________
Staff Signature: ___________________________ Phone #: (___) __________________ Fax #: (___) __________________

AVCP Scholarship should be mailed to:
____________________________________________________________
____________________________________________________________
____________________________________________________________

Student enrollment status: □ Full-time □ Part-time □ Distance Delivery □ Attending Vocational Training Program
Student is living: □ On Campus □ Off Campus

Total Funding Amount:
Total Unmet Needs:
I, ____________________________________________, hereby authorize any person, agency or institution to release any information requested by the Association of Village Council Presidents Tribal Workforce Development Department contained in City Councils, Village Councils, State, Federal, Private and Educational Agencies’ records. The TWD 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, or other programs within AVCP).
Listed below is information I do not wish to be shared with or by the Tribal Workforce Development department:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
The 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 of Student: ____________________________ Date: ____________________________

Part 9. 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 includes, but is not limited to, newsletters, printed publications and other collateral, internet and websites, advertising, video and/or audio presentations.

Signature of Student: ____________________________ Date: ____________________________

Part 10. Agreements

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

Scholarship
☐ If awarded the scholarship, I agree it will be used to further my education program.
☐ I agree that if for any reason the scholarship is not used for my educational program, which may include, but is not limited to withdrawing from school, incompletion of courses, and/or change in academic status I must return my scholarship.
☐ I agree that I will maintain full-time, part-time, or less than part-time status for the entire semester/quarter that I have received this scholarship for higher education purposes.
☐ I agree to complete with at least a 2.0 or higher GPA for the entire semester/quarter if enrolled in a higher education program.
☐ I agree to submit unofficial transcripts or progress reports when due. I agree I must immediately notify AVCP of any changes to my status.

I have read and understand the agreements set forth, and if approved, I agree to abide by the terms and conditions of the scholarship.

Signature of Student: ____________________________ Date: ____________________________

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