

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

Thaddeus Tikiun Jr., Chairperson | Vivian Korthuis, CEO | AVCP.org

Tribal Workforce Development

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



Growing Our Own

Tribal Workforce Development *Higher Education Renewal Application*

Deadlines:

Higher Education Scholarship

Summer Semester

April 30

Fall Semester

June 30

Spring Semester

December 30

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

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

Documents to Include:

- ☐ Complete Higher Education Renewal Application
- ☐ Acceptance Letter (if transferring schools)
- ☐ Class Schedule
- ☐ Budget Forecast
- ☐ Unofficial Transcripts
- ☐ Student Aid Report (SAR)

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Part 1. Personal Information

Name:	School Student ID#:
Mailing Address:	
City/State:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Phone Number:	Email:

Part 2. School Information

College/University Currently Attending: _____

Major: _____ Minor: _____

School Term: ☐ Fall Semester _____ ☐ Spring Semester _____ ☐ Summer Semester _____ ☐ Quarter 20 _____

I am attending classes: ☐ On Campus ☐ Off Campus ☐ Distance Delivery

What is your anticipated graduation date? _____

Current class standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Part 3. Review of Original Individual Self-Sufficiency Plan

Have there been any changes to your initial goals from what was stated when you first submitted your Individual & Family Self-Sufficiency Plan? Example: Change in degree program or transfer in schools? ☐ Yes ☐ No

If yes, please explain:

Have there been any changes in barriers that may affect your ability to become employed once you complete your education?

☐ Yes ☐ No

If yes, please explain:

Part 4. Supportive Services

Through our Supportive Services Program, students are eligible to receive additional support while attending school. Please select the type of supportive services you are requesting.

<input type="checkbox"/> Travel Request	
Travel Request Form	
Name of Traveler (as shown on Identification Card):	
Reason for Travel Request (Example: attend school):	
Start Date:	Preferred Airline:
Departure City:	Arrival City:
Departure Date:	Return Date:
Frequent Flyer # (if applicable):	
Emergency Contact:	Phone Number:

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☐ Rental Assistance (if living off campus and attending school)

This form must be signed and dated by the landlord. Landlord must also submit a W9.

Landlord Verification Form

Property or Landlord Name:

Address:

Contact Number:

Tenants Name:

Tenants Signature:

Address:

Occupancy Date:

Length of Residency:

Monthly Rent Amount: \$_____

Payments are received: ☐ Monthly ☐ Weekly ☐ Other

Landlord Signature:

Date:

☐ Learning Supplies

Clothing or Equipment Request

Type of Clothing or Equipment (workbooks, laptop, printer/scanner):

Part 5: Agreement

I certify that the information provided is true and correct to the best of my knowledge. I understand that I may not be funded if I provide false information regarding any information stated on this Higher Education Renewal Application.

Student Signature: _____ Date: _____

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Part 6. 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.

<input type="checkbox"/> Fall _____ Semester Budget Forecast	
<input type="checkbox"/> Spring _____ Semester Budget Forecast	
<input type="checkbox"/> Quarter _____ Budget Forecast	
<input type="checkbox"/> Annual _____ Budget Forecast	
Tuition	\$ _____
Fees	\$ _____
Books	\$ _____
Supplies	\$ _____
Room	\$ _____
Board	\$ _____
Transportation	\$ _____
Misc.	\$ _____
Total Budget	\$ _____

Financial Aid Staff Name: _____

Staff Signature: _____ Date: _____

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

Type of Aid	Fall 20 _____	Winter 20 _____	Spring 20 _____	Summer 20 _____
AVCP TWD				
Calista Corporation				
Alaska Performance Scholarship				
Coastal Villages Region Fund (CVRF)				
The Kuskokwim Corporation				
United Utilities, Inc (UUI)				
Unsubsidized Loan				
Stanford Loan				
Federal Pell Grant				
Parent/Student Contribution				
Student/Spouse Contribution				
Other:				
Other:				
			Total Funding Amount:	
			Total Unmet Needs:	