

# ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

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

## Tribal Workforce Development

570 3<sup>rd</sup> Ave., PO Box 219, Bethel, AK 99559 | T 907.543.7440 | 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  
[TWDapp@avcp.org](mailto:TWDapp@avcp.org)

### Or drop your application

#### Job Center:

### off at your nearest

Akiachak	Chefornak	Kalskag	Marshall	Nunapitchuk	
Akiak	Chevak	Kasigluk	Newtok	Pilot Station	Toksook Bay
Alakanuk	Eek	Kipnuk	Mountain Village	Quinhagak	Tuntutuliak
Aniak	Emmonak	Kongiganak	Napakiak	Russian Mission	Tununak
Atmautluak	Goodnews Bay	Kotlik	Napaskiak	Scammon Bay	
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) [www.fafsa.gov](http://www.fafsa.gov)

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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:
Tribe enrolled:	Enrollment #

### 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 ☐ Graduate / Doctorate

### 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:

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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:

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### Part 4: 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: \_\_\_\_\_

### Part 5. Budget Forecast Authorization Form

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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.

<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.	\$ _____
<b>Total Budget</b>	<b>\$ _____</b>

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

Financial Aid Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

**AVCP Scholarship funding should be mailed to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student is living:** ☐ On Campus ☐ Off Campus

Type of Aid	Fall 20 _____	Winter 20 _____	Spring 20 _____	Summer 20 _____
Calista Corporation				

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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:				
			<b>Total Funding Amount:</b>	
			<b>Total Unmet Needs:</b>	