

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

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



Tribal Workforce Development

570 3rd Ave., PO Box 219, Bethel, AK 99559 | T 907.543.7440 | F 907.543.7498

Growing Our Own

Tribal Workforce Development Scholarship Application

Deadlines:

Higher Education Scholarship

April 30 / June 30 / December 30

Vocational Training (Before due dates)

January 30/ May 30/ September 30

Yuut Vocational Training

30 Days before start date

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

TWDapp@avcp.org

Or drop your application off at your nearest Job Center:

Akiachak

Chefornak

Kalskag

Marshall

Nunapitchuk

Akiak

Chevak

Kasigluk

Newtok

Pilot Station

Alakanuk

Eek

Kipnuk

Mountain Village

Quinhagak

Toksook Bay

Aniak

Emmonak

Kongiganak

Napakiaik

Russian Mission

Tuntutuliak

Atmautluak

Goodnews Bay

Kotlik

Napaskiak

Scammon Bay

Tununak

Bethel

Hooper Bay

Kwethluk

Nightmute

St. Mary's

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) www.fafsa.gov

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
- ☐ If employed, last two paystubs

☐ Higher

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Scholarship

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

Part 1. Personal Information

Name:		SSN:	
Mailing Address:			
Physical Address:			
City/State:		Zip Code:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>
Phone Number:		Email:	

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 If yes, ☐ Part Time ☐ Full-time ☐ Seasonal

If employed please complete Part 3.2

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:

State Date: _____ Expected Graduation Date: _____

Training Program / College Major: _____

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

Current College Class Standing:	Enrollment Status:
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate / Doctorate	<input type="checkbox"/> Full-time (12 or more credits) <input type="checkbox"/> Part-time (6 to 11 credits) <input type="checkbox"/> below 6 credits

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.

Monthly income needs to match paystubs that are submitted.

Name	Relationship	Monthly Income

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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:

List additional funding sources you have 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:

<input type="checkbox"/> Employed with low income	<input type="checkbox"/> Any Disability	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Limited English
<input type="checkbox"/> Lack work history	<input type="checkbox"/> No Driver's License	<input type="checkbox"/> In Treatment	<input type="checkbox"/> Reading/Writing Skills
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Child Care	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> Math skills
<input type="checkbox"/> Need Funding	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

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Career Goals

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

Personal Statement

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

Example: Who you are, where you're going and where you see yourself in the future.

Personal biography is acceptable.

Under detailed responses will not be acceptable. Please include an additional sheet if needed.

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.

<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	\$

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Board	\$
Transportation	\$
Misc.	\$
Total Budget	\$

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				
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:	

Part 7. Authorization for Release of Information

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,

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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 8. 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 9. Agreements

Application

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

Higher Education 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, incompleteness of courses, overpayment of AVCP Inc funding and/or change in academic status I must return my scholarship and/or return any overpayment of funding back to AVCP Inc.

☐ I agree that I will maintain full-time, or part-time 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. If GPA drops below a 2.0, Applicant has one academic year to raise GPA to be eligible for the scholarship.

☐ 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 agree to communicate with the scholarship team every 30,60 and 90 days to update my scholarship status.

Vocational Scholarship

☐ I agree to come back to the AVCP service region, after completing training to pursue full time employment.

☐ I agree to notify AVCP TWD of obtaining full time employment within the AVCP service area within 90 days after completion of training.

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:** _____