

# SUN'AQ Tribe of Kodiak



*Ceremonial Bent Wood Hat*

## HIGHER EDUCATION SCHOLARSHIP APPLICATION

FOR STUDENTS SEEKING AN AA OR BA DEGREE  
SUN'AQ TRIBE OF KODIAK

312 West Marine Way

KODIAK, ALASKA 99615

TEL: (907) 486-4449

FAX: (907) 486-3361    e-mail: [stkprograms@ak.net](mailto:stkprograms@ak.net)

(APPLICATION DEADLINE)

JUNE 30th 2010 FALL SEMESTER

NOVEMBER 30th 2011 SPRING SEMESTER

## **Bureau of Indian Affairs Sun'aq Tribe of Kodiak**

### *Eligibility*

1. Student must be an enrolled member of the Sun'aq Tribe
2. Be able to establish financial need.
3. Enrolled in a two year academic degree program at an accredited institution.

Note: STUDENTS ARE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY ELIGIBILITY

### **GENERAL PROCEDURES:**

1. Contact accredited institutions of your choice and request:
  - a. School catalog and application for admission;
  - b. Information on financial aid (School Scholarships)
  - c. Information on areas of interest (majors and minors)
  - d. Housing information
  
2. Apply for admission to college and establish financial need through Financial Aid Office by completing and submitting an Application for Federal Financial Aid. The earlier this is done: the better chance of financial aid. Most colleges use the Financial Aid Form (FAF). It is important for you to make sure that your Financial Aide Officer signs off on your financial need sheet and mail directly to the Sun'aq Tribe of Kodiak, 312 W Marine Way, Kodiak, AK. 99615. (note) Although you may not be eligible for Pell Grants, you must establish financial need before you receive a BIA Grants.
  
3. Apply to other sources of funding (i.e. Alaska Student Loan, Native Corporation scholarship, etc.).
  
4. Submit the documentation listed on the Higher Education Checklist (page 3) to Sun'aq Tribe of Kodiak education coordinator.

## **STUDENT'S RESPONSIBILITY**

1. Maintain full-time student status throughout training.
2. Maintain a 2.0 grade point average or better overall and for each semester. If not, loss of funding eligibility will incur. You'll be required to finance a semester on your own in order to improve your grades and or GPA. You will be eligible the following semester if grades have met the requirements.
3. Have your school send a copy of your grades to Sun'aq Tribe of Kodiak at the end of each term (Semester, Quarter, etc.)
4. Keep Sun'aq Tribe of Kodiak informed of any changes in your student status or address. (*note: If you intend to change schools during the school year. Failure to inform Sun'aq Tribe of Kodiak can result in loss of funding.*)
5. Ensure that all the paperwork concerning your education has been completed and submitted.
6. Travel to and from the institution you are attending.

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. IT IS YOUR RESPONSIBILITY TO CALL TO ENSURE YOUR APPLICATION IS COMPLETE.

## **SUN'AQ TRIBE OF KODIAK'S RESPONSIBILITY**

1. Ensure that the necessary documentation is on file.
2. Provide technical assistance to the student.
3. Disburse funds to the institution on behalf of the student in accordance with BIA regulations.

**“HIGHER EDUCATION SCHOLARSHIPS ARE A PRIVILEGE, NOT A RIGHT”**

It is important that you make every effort to secure financial assistance from other sources. Failure to do so may result in less amount assistance being awarded. Many students fail to list or document efforts to secure other forms of financial aide. All other things being equal (i.e. eligibility, unmet need, etc.), a lack of effort or lack of full disclosure of effort could impact negatively any grant award you might otherwise receive.

Be sure to list on you Financial Need Sheet the funds that are being contributed by you or your family, **DO NOT, I REPEAT DO NOT** leave this section of the form blank without attaching an explanation, (i.e. “I'm disabled and unable to work; I do not have savings to contribute towards my education.” If your family has more than one child in school you should so state. If you work during the summer indicate how much you plan to put in savings for your educational expenses for the following school term. If you do not plan to work over the summer then include an explanation as to why.

# Student Checklist

A new student for our purposes is one who is applying for BIA Assistance for the first time; while a continuing student is one who is reapplying for assistance under the same academic program.

**NEW STUDENT:** If applying for BIA assistance for the first time then the following items must be submitted to STK before an application can be considered complete:

\_\_\_\_\_ Completed Grant Application

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Copy of Social Security Card

\_\_\_\_\_ Verification of Native Enrollment to the Kodiak Region

\_\_\_\_\_ Copy of Federal Aid results (note: List STK's address 312 West Marine Way Kodiak, AK 99615 on the Financial Aid Form (FAF) so that it will get forwarded directly to us.)

\_\_\_\_\_ Needs Sheet signed by a Financial Aid Officer at the institution you will be attending

\_\_\_\_\_ Copy of high School and or college transcripts

\_\_\_\_\_ Results from other funding sources (i. e. Scholarships, loans)

\_\_\_\_\_ Three letters of recommendation

**CONTINUING STUDENTS:** If reapplying for BIA assistance then the following items need to be submitted in order for your application to be considered complete.

\_\_\_\_\_ Completed Grant Application ONLY IF THERE IS A CHANGE IN INFORMATION

\_\_\_\_\_ Copy of Application for Federal Aid results (FAFSA) (YEARLY)

\_\_\_\_\_ Needs Sheet signed by a Financial Aid Officer at the institution you will be attending.

\_\_\_\_\_ Results from other funding sources (i.e. scholarships, loans)

\_\_\_\_\_ Copies of most recent college grades

\_\_\_\_\_ Registration for upcoming semester showing classes and credits to be taken

## **Application Deadlines:**

**FALL TERM June 30<sup>TH</sup>**  
**SPRING TERM NOVEMBER 30<sup>TH</sup>**

# 2010-2011 SCHOLARSHIP GRANT APPLICATION

(First time applicants only unless information has changed)

Name \_\_\_\_\_ SSN \_\_\_\_\_

Date: \_\_\_\_\_ Email address \_\_\_\_\_

PERMANENT MAILING ADDRESS

ADDRESS WHILE AT SCHOOL

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

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

PHONE ( ) \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX:      Male      Female

MARITAL STATUS:    Single    Married

Number of Dependents \_\_\_\_\_

NATIVE CORP. TO WHICH YOU ARE ENROLLED \_\_\_\_\_

ENROLLMENT NUMBER \_\_\_\_\_

EDUCATIONAL BACKGROUND

Highest grade completed: (circle one) 8    9    10    11    12    13    14    15    16+

High School graduate: (circle one)    Yes    No    Date of Graduation: \_\_\_\_\_

G.E.D.: (circle one)    Yes    No    Date Received \_\_\_\_\_    State \_\_\_\_\_

PREVIOUS UNIVERSITY/COLLEGE OR VOCATIONAL EXPERIENCE:

School Name	Dates	Degree or Certification
_____	_____ to _____	_____
_____	_____ to _____	_____

UNIVERSITY/COLLEGE you plan to attend: \_\_\_\_\_

Address: \_\_\_\_\_

School Calendar: (circle one)

Quarter                      Semester                      \_\_\_\_\_

ADMISSIONS have applied? (Circle one)    Yes    No    been accepted?    Yes    No

CLASS RANKING: (Circle one)    Freshman    Sophomore    Junior    Senior

MAJOR FIELD OF STUDY: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_



**Please take the time to outline the time frames for your goals.**

**(First time applicants only unless plans have changed)**

**ACTIVITY PLAN AND GOALS**

START DATE	GOAL #1	WHO WILL DO IT?	DATE TO BE ACHIEVED
<b>ACTION STEPS TO ACHIEVE GOAL</b>			
1.			
2.			
3.			

START DATE	GOAL #2	WHO WILL DO IT?	DATE TO BE ACHIEVED
<b>ACTION STEPS TO ACHIEVE GOAL</b>			
1.			
2.			
3.			

START DATE	GOAL #3	WHO WILL DO IT?	DATE TO BE ACHIEVED
<b>ACTION STEPS TO ACHIEVE GOAL</b>			
1.			
2.			
3.			

I hereby certify that the information provided to Sun'aq Tribe is factual and accurate to the best of my knowledge. I authorize release of information between Sun'aq Tribe and appropriate educational and governmental institutions pertaining to my scholarship grant.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Information Regarding the Financial Needs Sheet**

The Financial Need Sheet is the most important document you will be submitting. This document will aid Sun'aq Tribe of Kodiak in determining an award amount for you.

Follow the Directions below:

1. Complete the top portion. Double check your data. Make sure you have filled in all items or attached an explanation as to its omission.
2. Send this completed portion to the financial aid office at the school you will be attending. You will need to supply them with all the resources that you will be receiving (i.e. Koniag Scholarships, State Loans, etc.). If you have applied to a source that has not yet been awarded, so indicate on your form. It is your responsibility to make sure that the information is accurate. You may submit additional information adding or deleting amounts based on whether or not you received what you anticipated you would receive.
3. The FAO will then complete the bottom portion and forward the document to SUN'AQ TRIBE OF KODIAK. Please encourage them to have it mailed as soon as possible so we may be able to calculate your assistance amount.

If you have any questions please do not hesitate to call our office at (907) 486-4449.

## Financial Needs Sheet

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Address at School: \_\_\_\_\_  
 \_\_\_\_\_

I give permission for (Univ./College: \_\_\_\_\_) to release financial and academic information to the Sun'aq Tribe of Kodiak

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

(Top portion to be completed by the student)

\*\*\*\*\*

(Bottom portion to be completed by the FAO with student)

Academic Period \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ (circle one) Semester / Quarter

University/College Budget		Student is working towards:		
Tuition		<input type="checkbox"/> Associates of Arts Degree		
Books		<input type="checkbox"/> Assoc. of Applied Science		
Room and Board		<input type="checkbox"/> Bachelors Degree		
Fees		<input type="checkbox"/> Graduate Degree		
Transportation		Student is:		
Personal		<input type="checkbox"/> in good academic standing		
Other (specify)		<input type="checkbox"/> on academic probation		
Total Budget		<input type="checkbox"/> ineligible for funding		
STUDENT RESOURCES	FALL	WINTER	SPRING	TOTAL
Pell				
College Work Study				
SEOG				
SEIG				
Stafford Loan				
AK Student Loan				
Parent/Fam. Contribution				
Student Contribution				
Tribal Assistance				
Others				
			TOTAL RESOURCES	

UNMET NEED (budget less resources) \$ \_\_\_\_\_

Financial Aid Officer (please print): \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

FAO Address (print or type) \_\_\_\_\_

**Financial Aid Officer : Please return original to SUN'AQ TRIBE OF KODIAK, Director of Program Services, 312 W. Marine Way, Kodiak, Alaska 99615 and Fax to 907-486-3361**



# **Sun'aq Tribe of Kodiak**

Federally Recognized December 2000

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## **RELEASE AND EXCHANGE OF INFORMATION**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**University/College:**

**Name:**

**Address:**

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

**Phone:** \_\_\_\_\_

**I give permission for the (School or Training) \_\_\_\_\_**

**to release financial and academic information to the:**

**Sun'aq Tribe of Kodiak  
312 W. Marine Way  
Kodiak, AK 99615  
(907) 486-4449 Phone  
(907) 486-3361 Fax  
stkprograms@ak.net**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Student Pledge**

I hereby apply to attend the University/College indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for education purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the U.S. Government. I understand that if I am eligible for other education funds such as Basic Educational Opportunity Grants (BEOG), etc, this will be included when computing my financial aid package and I agree to use those funds for the purpose intended. I authorize the school to release grade, attendance and income information to BIA personnel.

\_\_\_\_\_  
Signature of Applicant

**Privacy Act and Paperwork Reduction Act Statement**

I have read the above statement and I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Interviewer Signature & Date

**SUN'AQ TRIBE OF KODIAK USE ONLY**

I certify that \_\_\_\_\_ is \_\_\_\_\_ degree of Indian blood and a member of the \_\_\_\_\_ Tribe and is/is not eligible for education funding assistance services.

Recommended by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
TITLE: \_\_\_\_\_ Agency Superintendent

If Required Area Action taken: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Area Director: \_\_\_\_\_

Date: \_\_\_\_\_