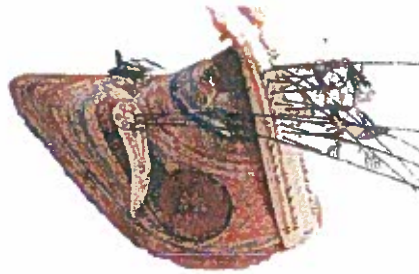


Sun'aq Tribe of Kodiak



Adult Vocational Training 2011-2012

SUN'AQ TRIBE OF KODIAK

312 W Marine Way

KODIAK, ALASKA 99615

TEL: (907) 486-4449

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

ADULT VOCATIONAL TRAINING CHECKLIST

Name: _____

Date: _____

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. Students should not expect a check in the mail just because they completed the initial application. Continuing students will not receive additional funding if they do not provide the Sun'aq Tribe of Kodiak with the required documents.

NEW APPLICANTS: If applying for BIA assistance for the first time then the following items must be submitted to Sun'aq Tribe of Kodiak before an application can be considered complete:

_____ Completed Grant Application

_____ Copy of Birth Certificate

_____ Documentation of Native Ancestry (CIB) and proof of Sun'aq Tribe of Kodiak service area residency for 6 months.

_____ Copy of Application for Federal Aid results. (Note: If financial aid form (FAFSA), list Sun'aq Tribe of Kodiak's address, 312 W. Marine Way, Kodiak Alaska 99615 on the form and direct that the form must be forwarded directly to.)

_____ Need Sheet signed by the financial aid officer at the institution you will be attending

_____ Official copy of High School/GED and/or college transcripts

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

_____ Three letters of recommendation for scholarship

_____ If U.S. Military Service Veteran, official copy of DD-214

CONTINUING STUDENTS: When reapplying for BIA assistance during a school year then the following items need to be submitted in order for our application to be considered complete:

_____ Completed Grant Application **(ONLY IF THERE ARE CHANGES)**

_____ Copy of Application for Federal Aid results (FAFSA). **(ONLY IF THERE ARE CHANGES)**

_____ Need 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 training/college grades.

APPLICATION DEADLINE: OPEN, however, actual receipt of educational grants is based on availability of funding.

PRIOR SERVICE CHECK COMPLETED (DATE) _____

STUDENT'S RESPONSIBILITY

1. Maintain full-time student status throughout training.
2. Maintain a 2.0 grade point average or better. If not, loss of funding eligibility will incur.
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.

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.

"BIA ADULT VOCATIONAL TRAINING GRANT IS 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 aid. 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.

**ADULT VOCATIONAL
2011-2012 SCHOLARSHIP GRANT APPLICATION**

Name _____ SSN _____

Date: _____

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: _____

SCHOLARSHIP GRANT APPLICATION

EDUCATIONAL GOALS

Do you intend to seek employment in the Kodiak area upon completion of your education? Yes No

What are your long range career goals? How will your educational experience help you to achieve them?

STEPS NEEDED TO ACHIEVE GOALS

Work Activities

- Employment: ___ Full-time ___ Part-time
 Instruction
 Job Search
 Skills
 Volunteer Work Experience
 Assistance
 Job Sampling or Job Shadow
 On-the-Job Training
 Abuse Assessment
 Job Readiness
 Abuse Treatment
 Other: _____

Education/Training

- High School Diploma
 GED
 ESL (English as a 2nd language)
 Adult Vocational Training
 Literacy Improvement
 Employment Counseling
 Other: _____

Other Activities

- Life Skills
 Parenting
 Childcare
 Child Support
 Substance
 Substance
 Other: _____

ACTIVITY PLAN AND GOALS

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

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

START DATE	GOAL #3	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
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	

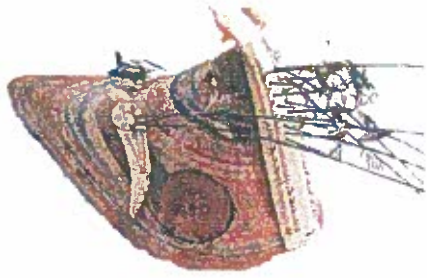
UNMET NEED (budget less resources) \$ _____

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

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: _____