

Sitka Tribe of Alaska

Education and Employment Department

456 Katlian Street

Sitka, Alaska 99835

• Phone: 907-966-1356 • Fax: 907-747-7310

Email: scholarship.applicant@sitkatriben-sn.gov •

Higher Education Scholarship Application

The purpose of the Sitka Tribe of Alaska's Higher Education program is to financially assist qualified applicants who are enrolled full-time (12 or more credits) in an accredited college or university. Funding through the Higher Education program is allowed for up to 5 years in a lifetime and is strictly supplemental.



Application Deadline: May 1st and October 1st
DO NOT ALTER APPLICATION

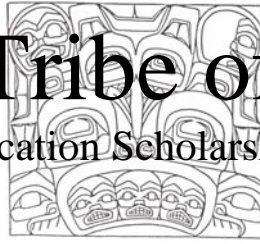
Please Mail/email or Drop -Off or fax Completed Application to:

Sitka Tribe of Alaska
Education Department
456 Katlian Street
Sitka, Alaska 99835

Revised: June 26, 2014 BJ

Sitka Tribe of Alaska

Higher Education Scholarship Application



STUDENT CHECKLIST



The following items are needed in order for your application to be complete and ready for review by the Sitka Tribe of Alaska's Education Committee.

- Completed STA Application (DO NOT LEAVE ANY BLANKS – IF INFORMATION IS NOT APPLICABLE, DESIGNATE WITH N/A)**
 - Student/Education Information *(page 3 and 4)*
 - Budget Forecast *(page 5)*
 - Signed Release *(page 6)*
 - Tribal Enrollment Verification *(page 7)*
 - Financial Need Analysis (Completed & Signed by School's Financial Aid Officer) *(page 8)*
 - Photo Release and Parental Release *(page 9)*
- Letter of Admission from the school you plan on attending**
- Official transcript(s) for all educational institutions attended, including most recent term of college and/or High School /GED** (If GED is submitted, please include scores). (IMPORTANT: If term has not ended, include verification that transcript was requested by deadline and will be sent as soon as grades are posted).
- Student Aid Report (SAR)** -Report generated via the Free Application for Federal Student Aid at www.fafsa.ed.gov. (IMPORTANT: To satisfy scholarship requirements, student must submit verification that the FAFSA application was submitted by scholarship deadline; once a SAR is generated, student must submit as soon as possible to Education Department)

* **Application must be received or postmarked by Deadline:**
May 1st for Academic Year or October 1st for Winter/Spring/Summer funding

Please Mail/email or Drop –Off or fax Completed Application to:

Sitka Tribe of Alaska
Education Department
456 Katlian Street
Sitka, Alaska 99835

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HIGHER EDUCATION APPLICATION SITKA TRIBE OF ALASKA

| APPLICANT INFORMATION | | | |
|---|---|--|---|
| Last Name | First Name | Middle Initial | Previous/Maiden Name |
| Social Security Number (optional): | Student Identification Number: | Date of Birth: | Place of birth: |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | Number of Dependents: | Tribe currently enrolled with: | Have you previously received a scholarship from Sitka Tribe of Alaska: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ (year) |
| Preferred contact (if mail or telephone, please indicate the address/number to use): <input type="checkbox"/> Email <input type="checkbox"/> Mail (school mailing address/permanent address) <input type="checkbox"/> Telephone (cell phone/school phone/permanent/summer telephone) | | Email Address (es): | |
| Mailing Address - Permanent Residence and Summer Address: | | | |
| | | City | State |
| | | Zip Code | |
| Mailing Address - While Attending School: | | | |
| | | City | State |
| | | Zip Code | |
| Permanent Phone Number and Summer contact: | Phone Number While at School: | Cell Phone Number: | |
| EDUCATION HISTORY | | | |
| Earned: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED | Name of School: | City / State Earned In: | Month / Year Earned: |
| Previous College/University attended: | | | |
| Name | Dates Attended | Number of credit hours completed | Degree/Field of Study |
| Name | Dates Attended | Number of credit hours completed | Degree/Field of Study |
| EDUCATION PLAN | | | |
| Name of College/University: | College Financial Aid Office Phone number: Toll Free: () - () - | College Financial Aid Office Fax number: () - | |
| Financial Aid Office Mailing Address (CHECK WILL BE SENT TO THE ADDRESS LISTED): | | | |
| | | City | State |
| | | Zip Code | |
| College/University Term Type: <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Semester | Start dates: Fall: Winter: Spring: Summer: | Number of Credits You Plan on Taking (designated N/A if not attending): Fall: Winter: Spring: Summer: | |
| Current Degree Program (circle if necessary): <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors (B.S./B.A.) <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Juris Doctorate <input type="checkbox"/> Other | | Expected Date of Graduation: | |
| Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate | Field of Study/Major: | | Minor: |

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EDUCATIONAL GOALS:

PLEASE STATE YOUR EDUCATIONAL OBJECTIVE. IF MORE SPACE IS NEEDED PLEASE ATTACH A SEPARATE SHEET OF PAPER.

Attention:

I certify that all of the information given by me is true, complete and correct to the best of my knowledge. I also understand that any false information will disqualify me from this scholarship program.

Signature

Date

I certify that I am not in default of any Federal or State loans.

Signature

Date

BUDGET FORECAST:

Anticipated expenses **MUST** reflect the budget for the Entire Academic Year. Students may obtain this information from the school's admissions office or in the school's catalog or website. **Tuition** (set by the school you will be attending) **Fees** (admission, technology or lab fees) **Room/Board** (as calculated by the school) **Books** (calculated by the school) **Transportation** (DO NOT include air transportation into your budget, you can include local transportation, i.e. bus passes) **Personal expenses** (may include items such as sundries, laundry and laundry supplies, can not include things such as personal debt or phone bills) **Other** (If you list something under this expense you **MUST** break it down and describe this expense in detail. If more room is needed please continue on the reverse side of the budget forecast page.

| Resources for College (indicate "applied" if award amount is unknown) | | College Expenses | |
|---|-----------|--|-------------|
| Student Contribution | \$ | Tuition | \$ |
| Parent Contribution | \$ | Fees | \$ |
| Spouse Contribution | \$ | Room/Board | \$ |
| Native Corporation Grant (specify: _____) | \$ | Books/Supplies | \$ |
| Native Corporation Grant (specify: _____) | \$ | Local Transportation | \$ |
| ANB/ANS Grant | \$ | Personal Expenses | \$ |
| Pell Grant | \$ | Other (specify) | \$ |
| Tuition Exemption | \$ | Other (specify) | \$ |
| College Work Study | \$ | TOTAL EXPENSES | \$ |
| College Scholarship (specify: _____) | \$ | | |
| Alaska Student Loan | \$ | | |
| Stafford Loan | \$ | | |
| Alaska Supplemental Loan | \$ | | |
| Alaska Family Education Loan | \$ | | |
| Supplemental Educational Opportunity Grant | \$ | | |
| Parent Plus Loan | \$ | | |
| Government Aid (Assistance/SSI) | \$ | | |
| Veteran's Assistance | \$ | TOTAL EXPENSES | \$ |
| Other: | \$ | Minus TOTAL RESOURCES | - \$ |
| Other: | \$ | REMAINING UNMET NEED | \$ |
| TOTAL RESOURCES | \$ | Amount Requested <small>*(max \$1500/Semester or \$1000/quarter)</small> | \$ |

STA's scholarships are supplemental. Student should demonstrate that they have applied for other financial aid. The maximum scholarship is \$3000 per year (\$1000 per quarter or \$1500 per semester). If your unmet need is greater than STA's maximum scholarship, please indicate below how you will cover your remaining financial need.

*** ALL AWARD AMOUNTS ARE SUBJECT TO CHANGE BASED ON THE CURRENT ANNUAL BUDGET**

Revised: June 26, 2014 BJ

Sitka Tribe of Alaska

Tribal Government for Sitka, Alaska

Education and Employment Department



RELEASE OF INFORMATION

I _____ give my permission to the Sitka Tribe of Alaska's Education and Employment Department to verify any academic or financial information that is needed to determine my eligibility for funding. I hereby give this permission for as long as required or until revoked in writing by me to:

**Sitka Tribe of Alaska
Education & Employment Department
456 Katlian Street
Sitka, Alaska 99835**

Signed this _____ day of _____, 201_____

Student Signature

Student Identification Number

Social Security Number

Date of Birth

Sitka Tribe of Alaska
 Department
 456 Kalian Street
 Sitka, Alaska 99835



Enrollment

Phone: 907-747-3207
 Fax: 907-747-4915

ENROLLMENT VERIFICATION

Name, Address, or Information Change

- Please verify Tribal Enrollment or Indian Blood Degree of the following individual:
 Please update vital statistics (*name change must be accompanied by documentation*):

 Last First Middle Maiden or *Previous*

 Soc Sec.# Date of Birth Place of Birth

 Sex Tribe (Tlingit, Haida, etc.) Degree

 Phone Number Residence Address Mailing Address

 City State Zip Code

Authorization for Release of Information

This authorized signature may come from the individual requesting, information, Interoffice Department, or Agency representing the individual.

 Signature of Client Today's Date

 Representative & Name of Department or Agency Today's Date

FOR ENROLLMENT USE ONLY: DO NOT WRITE BELOW THIS LINE

- The individual is
- Yes, enrolled in Sitka Tribe of Alaska
 - No, not enrolled in Sitka Tribe of Alaska
 - Provided documentation Certifying Indian Blood & Degree:

 Document Identification Agency

 Enrollment Department

 Today's Date

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BUDGET FORECAST

Student: Please complete only the top section only and then submit this form to your University or College FINANCIAL AID OFFICE

| TO BE COMPLETED BY THE STUDENT | | | | | | | |
|---|------|--------------------------------|--------|---------------|-------------------------|-------------------|----|
| Student Name: | | Student Identification Number: | | | Social Security Number: | | |
| Budget Period: From _____ To _____ (Quarter / Semester / Trimester) | | | | | | | |
| <p>I give my permission for _____ to release any financial <small>(Name of University or College)</small></p> <p>or academic information to Sitka Tribe of Alaska's Higher Education Program.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of the Student Date</p> | | | | | | | |
| TO BE COMPLETED BY THE FINANCIAL AID OFFICE | | | | | | | |
| <p>This student has applied for the Sitka Tribe of Alaska Higher Education Scholarship and verified financial need information is required by you office before action is taken on the application. Please complete and forward this form or a similar form to the address listed at the bottom of the page. Thank you.</p> | | | | | | | |
| <input type="checkbox"/> Student has not yet applied for financial aid, need cannot be determined <input type="checkbox"/> Student applied late and will not be considered for funding <input type="checkbox"/> Student's application is incomplete and cannot be considered <input type="checkbox"/> Funds exhausted at this institution <input type="checkbox"/> Other: | | | | | | | |
| STUDENT RESOURCES/AWARDS | | | | | | BUDGET | |
| | FALL | WINTER | SPRING | SUMMER | TOTAL | | |
| Family Contributions | | | | | | Tuition & Fees | |
| Student Contributions | | | | | | Room & board | |
| Alaska Student Loan | | | | | | Books & supplies | |
| School Scholarship | | | | | | Transportation | |
| School Work Study | | | | | | Personal Expense | |
| Pell Grant | | | | | | Other: | |
| SEOG | | | | | | Other: | |
| Stafford Loan | | | | | | TOTAL COST | \$ |
| Veteran's Benefits | | | | | | | |
| Tuition Wavier | | | | | | (TOTAL RESOURCES) | \$ |
| Perkins Loan | | | | | | | |
| Other: | | | | | | UNMET NEED | \$ |
| Other: | | | | | | | |
| <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Financial Aid Officer/Advisor Date</p> | | | | | | | |
| FAO Address: | | | | FAO Telephone | | FAO Email: | |

PLEASE RETURN TO: Sitka Tribe of Alaska: Education Department
456 Katlian Street
Sitka, Alaska 99835
Fax: (907) 747-7310, email: scholarship.applicant@sitkatriben-sns.gov

PHOTO RELEASE FORM

I _____ authorize Sitka Tribe of Alaska's Education and Employment department to use the information I provide to be shared in an Education Edition Newsletter published by the Sitka Tribe of Alaska as well as recruitment purposes.

Student Signature

Printed Name

Date

OPTIONAL PARENTAL/SPOUSAL RELEASE FORM

I _____ (please print) authorize Sitka Tribe of Alaska's Education and Employment Department to release information regarding my scholarship application (including but not limited to: status of award, enrollment information, academic progress, etc.) to the person(s) listed _____, _____.

I realize that without this signed release on file; information will not be shared with anyone, other than the applicant, without exception.

Signed this _____ day of _____, 201__

Student Signature