

Sitka Tribe of Alaska

Higher Education Scholarship Application



Application Deadlines:

April 1 (First Time Applicants)

May 1 (Renewing Applicants)

October 1 (Partial Academic Year Applicants)

SUBMIT COMPLETED APPLICATIONS:

Mail, Fax, E-mail, or Hand Deliver:

Sitka Tribe of Alaska

204 Siginaka Way

Sitka AK 99835

E-mail: scholarship.applicant@sitkatriben-sn.gov

Fax: (907) 747-4915

Student Checklist

The following items listed below are required for the scholarship application to be considered complete.

******* Incomplete Applications will not be considered*******

- Application Complete. (DO NOT LEAVE ANY BLANKS – IF INFORMATION IS NOT APPLICABLE, DESIGNATE WITH N/A)
 - Student/Education Information (page 3)
 - Educational Goals Statement (page 4) attach separate sheet if needed
 - Budget Forecast (page 5) (to be completed by the student for the entire academic year)
 - Release of Information Signed (page 6)
 - Enrollment Verification (page 7)
 - Financial Needs Analysis (page 8) (Student completes the top section and submits to their school's Financial Aid Office)
 - Photo Release and Parental/Spousal Release (page 9)
- Letter of Admissions** (from the school you plan on attending)
- Official transcript(s) for all educational institutions attended, including the most recent college and/or High School/GED.** (If GED is submitted, please include scores). **IMPORTANT:** (If the term is in session, request transcripts and attach the documentation proving the request was before the deadline.
- Student Aid Report (SAR)** -Report generated via the Free Application for Federal Student Aid at www.fafsa.ed.gov. (IMPORTANT: To satisfy scholarship requirements, the student must submit verification that the FAFSA application was submitted by the scholarship deadline; once a SAR is generated, the student must submit to the Education Department).

The application must be received or postmarked by Appropriate Deadline:

April 1 (First Time Applicants)

May 1 (Renewing Applicants)

October 1 (Partial Academic Year Applicants)

Higher Education Scholarship Application

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="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Separated	Number of Dependents:	Tribe currently enrolled with:	Have you previously received a scholarship from Sitka Tribe of Alaska: <input type="radio"/> Yes <input type="radio"/> No If yes, _____(year)
Preferred Contact: <input type="radio"/> E-Mail <input type="radio"/> Phone <input type="radio"/> Mail		E-mail 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="radio"/> High School Diploma <input type="radio"/> 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:	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 (circle): Quarter Trimester Semester		Deadline for Fee Payments: Fall: Winter: Spring: Summer:	Number of Credits Taking (designated N/A if not attending): Fall: Winter: Spring: Summer:
Current Degree Program (circle): Associates Bachelors (B.S./B.A.) Masters Doctorate Juris Doctorate Other:			Expected Date of Graduation:
Class Standing for 2022-2023 Academic year (Circle): Freshman Sophomore Junior Senior Graduate		Field of Study/Major:	Minor:

EDUCATIONAL GOALS

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

Attention:

I certify that all 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 defaulting on 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 admissions office or in the school 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, cannot include things such as personal debt or phone bills). **Other:** (If you list something under this expense you **MUST** describe the 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 (max \$1500/Semester or \$1000/quarter)	\$

STA scholarships are supplemental. Students must 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.

Sitka Tribe of Alaska

RELEASE OF INFORMATION

I, _____ give my permission to the Sitka Tribe of Alaska Cultural Resources, Education, and Employment Department to verify any academic or financial information 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
Cultural Resources, Education and Employment
Department
204 Siginaka Way
Sitka, Alaska 99835**

Signed this _____ day of _____, 202_____

Student Signature

Student Identification Number

Date of Birth

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 Name	First Name	Middle Name	Maiden or <i>Previous</i>
Date of Birth	Sex	Phone Number	Place of Birth
Mailing Address	City	State	Zip Code
Residence Address	City	State	Zip Code
Tribe (Tlingit, Haida, etc.)	Degree	E-mail Address:	

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 SITKA TRIBE OF ALASKA, ENROLLMENT REPRESENTATIVES USE ONLY:

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	Date
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FINANCIAL NEEDS ANALYSIS

Student: Please complete the top section only, and submit the form to the University or College FINANCIAL AID OFFICE.

TO BE COMPLETED BY THE STUDENT						
Student Name:			Student Identification Number:			
<p>I give my permission for _____ to release any financial (Name of University or College)</p> <p>or academic information to Sitka Tribe of Alaska's Higher Education Program.</p> <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;">Signature of the StudentDate</p>						
TO BE COMPLETED BY THE FINANCIAL AID OFFICE						
<p>This student has applied for a Sitka Tribe of Alaska higher education scholarship and verified financial need information is required by your 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>						
<ul style="list-style-type: none"> <input type="radio"/> Student has not yet applied for financial aid, need cannot be determined <input type="radio"/> Student applied late and will not be considered for funding <input type="radio"/> Student's application is incomplete and cannot be considered <input type="radio"/> Funds exhausted at this institution <input type="radio"/> Other: 						
<p>Budget Period: From _____ To _____ (Quarter / Semester / Trimester)</p>						
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						UNMET NEED: \$ _____
Other:						
Other:						
<p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Financial Aid Officer/Advisor</p>						<p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
FAO Address:			FAO Telephone		FAO E-mail:	

**Financial aid office mail to: Sitka Tribe of Alaska,
 Attn: Scholarships
 204 Siginaka Way,
 Sitka, AK 99835**

PHOTO RELEASE FORM

I, _____ authorize the Sitka Tribe of Alaska, Cultural Resources, 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 and for recruitment purposes.

Signed this _____ day of _____, 202__

Student Signature

Printed Name

Date

PARENTAL/SPOUSAL RELEASE FORM ****OPTIONAL****

I _____ (please print) authorize Sitka Tribe of Alaska's Cultural Resources, 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 _____.

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

Signed this _____ day of _____, 202__

Student Signature