



## Tribal Workforce Development

101 A Main St., PO Box 219, Bethel, AK 99559 | T 907.543.7449 | F 907.543.7498

### *Growing Our Own*

## Tribal Workforce Development *Scholarship Application*

### Deadlines:

Higher Education Scholarship  
Vocational Training

April 30 / June 30 / December 30  
30 days prior to 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  
[tribalworkforcedevel@avcp.org](mailto:tribalworkforcedevel@avcp.org)

### Or drop your application off at your nearest Job Center:

Akiachak	Chefornak	Kalskag	Marshall	Nunapitchuk	
Akiak	Chevak	Kasigluk	Newtok	Pilot Station	Toksook Bay
Alakanuk	Eek	Kipnuk	Mountain Village	Quinhagak	Tuluksak
Aniak	Emmonak	Kongiganak	Napakiak	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)

### 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
- Copy of last pay stub from most recent employer

# ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

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



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- Higher Education Scholarship**    **Vocational Training Scholarship**

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

### 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"/> Separated	
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

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:

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

Start 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"/> Full-time (12 or more credits)
<input type="checkbox"/> Senior <input type="checkbox"/> Graduate / Doctorate	<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.*

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:

Did you apply for the FAFSA?  Yes  No

If applicable, the FAFSA application is on-line at [www.fafsa.gov](http://www.fafsa.gov)

List additional funding sources you've 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"/> Learning materials	<input type="checkbox"/> Limited English	<input type="checkbox"/> Employed with low income	<input type="checkbox"/> No GED
<input type="checkbox"/> Lack work history	<input type="checkbox"/> No Driver's License	<input type="checkbox"/> In Treatment	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Any Disability	<input type="checkbox"/> Need Clothing	<input type="checkbox"/> No Housing	<input type="checkbox"/> Child Care
<input type="checkbox"/> Sex Offender	<input type="checkbox"/> Need Funding	<input type="checkbox"/> No Transportation	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Reading/Writing Skills	<input type="checkbox"/> Math skills	<input type="checkbox"/> No High School Diploma	<input type="checkbox"/> Other: _____

#### Career Goals

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

#### Personal Statement

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

**Please include an additional sheet if needed.**

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## Part 6. Supportive Services

Through our Support Services program, eligible student can receive additional support while attending school. Please select the type of supportive services you are requesting.

<input type="checkbox"/> <b>Travel Request</b>	
<b>Travel Request Form</b>	
Name of Traveler (as shown on Identification Card):	
Reason for Travel Request (Example: attend school):	
Start Date:	Preferred Airline:
Departure City:	Arrival City:
Departure Date:	Return Date:
Frequent Flyer # (if applicable):	
Emergency Contact:	Phone Number:

<input type="checkbox"/> <b>Rental Assistance (if living off campus and attending school)</b>	
<b>This form must be signed and dated by the landlord. Landlord must also submit a W9.</b>	
<b>Landlord Verification Form</b>	
Property or Landlord Name:	
Address:	Contact Number:
Tenants Name:	Tenants Signature:
Address:	
Occupancy Date:	Length of Residency:
Monthly Rent Amount: \$ _____	Payments are received: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other
Landlord Signature:	Date:

<input type="checkbox"/> <b>Learning Supplies</b>
<b>Clothing or Equipment Request</b>
Type of Clothing or Equipment (workbooks, laptop, printer/scanner):

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### Part 7. 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.

### For Financial Aid Office Use Only \*FAO may use own budget forecast if available; otherwise please use this form.

<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	
<b>Tuition</b>	\$ _____
<b>Fees</b>	\$ _____
<b>Books</b>	\$ _____
<b>Supplies</b>	\$ _____
<b>Room</b>	\$ _____
<b>Board</b>	\$ _____
<b>Transportation</b>	\$ _____
<b>Misc.</b>	\$ _____
<b>Total Budget</b>	\$ _____

Financial Aid Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

#### AVCP Scholarship should be mailed to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student enrollment status:**  Full-time  Part-time  Distance Delivery  Attending Vocational Training Program

**Student is living:**  On Campus  Off Campus

Type of Aid	Fall 20 _____	Winter 20 _____	Spring 20 _____	Summer 20 _____
AVCP TWD				
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:				
			<b>Total Funding Amount:</b>	
			<b>Total Unmet Needs:</b>	

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### Part 8. 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, 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:

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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 9. 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 10. Agreements

#### Application

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

#### 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, incompleting of courses, and/or change in academic status I must return my scholarship.
- I agree that I will maintain full-time, part-time, or less than part-time status for 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.
- 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 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:** \_\_\_\_\_