Higher Education

Scholarship Application Checklist

To be considered for the Higher education Scholarship you need to submit all of the following documents. Failure to do so may result in your not receiving an award and/or delay of funding under the Higher Education Program.*

- Application
- Verification of Enrollment to Kotzebue IRA**
- Official High School /College/GED Transcripts
- Copy of Birth Certificate or other acceptable proof of age
- Copy of Social Security Card
- Copy of Acceptance letter from Educational institution to attend
- Budget Forecast/Need Sheet signed by a Financial Aid Officer at institution
- Two Letters of Recommendation
- Personal Statement of Future Goals and Career plans
- Certificate of Indian Blood

If you are a returning student, please submit only:

- Completed Application
- Financial Need Sheet Signed by Financial Aid Officer at Your Institution
- Official Transcripts
- Signed Personal Letter of Continuation
- Class Schedule

*Refer to H.E. Program Policies

**Please contact Kotzebue IRA Enrollment Coordinator at 442-3467 to verify enrollment

If you have any questions or concerns please contact Kotzebue IRA Education Director at 442-3467.

Native Village of Kotzebue 600 5th Ave PO Box 296 Kotzebue AK 99752
Ph (907) 442-3467  Toll Free 1-800-442-3467  Fax (907) 442-2162
PERSONAL INFORMATION

Name: ____________________________
   (Last) (First) (M.I.) (Maiden)

SSN: ________________________________ Sex: [ ] Male [ ] Female

Address: ____________________________
   (P.O./Street) (City) (State) (Zip Code)

Telephone #s: Work: __________________ Home: __________________

Date of Birth: ______________________ Birth Place: __________________

Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Separated

Number of Dependent Children: _______ Age(s): __________________

Veteran: [ ] Yes [ ] No If yes, have you applied for veteran benefits? [ ] Yes [ ] No

Tribe to which you are enrolled: __________________

Enrollment #: __________________

PARENTAL INFORMATION:

Father's Name: ______________________ (Date of Birth)

Home Address: ______________________

______________________________

Mother's Name: _____________________ (Date of Birth)

Home Address (If different from above: __________________________

______________________________

Father/Mother's Employer: ____________ Annual Income $: ____________

Native Village of Kotzebue – Kotzebue I.R.A. H.E. Scholarship Application
PERSONAL INFORMATION

EDUCATIONAL BACKGROUND:

High School Attended: ____________________________________________

Highest Grade Completed: High School College
9 10 11 12 1 2 3 4

Date of Graduation: ___________________________ OR G.E.D. Certificate: ___________________________

POSTSECONDARY INSTITUTION(S) ATTENDED:

Name: ____________________________
Address: ____________________________
Dates: ____________________________ Credits: ____________________________

Name: ____________________________
Address: ____________________________
Dates: ____________________________ Credits: ____________________________

Name: ____________________________
Address: ____________________________
Dates: ____________________________ Credits: ____________________________

Name of College/University you plan to enter: ____________________________

This school is: [ ] Quarter [ ] Semester Basis

Field of Study: ____________________________

Expected Graduation Date: ____________________________

Expected degree: [ ] AA [ ] BA [ ] BS [ ] MA [ ] Other: ____________________________
PERSONAL INFORMATION

Attendance in school: [ ] Full-time (12+ credits) [ ] Part-time (1-11 credits)

Year in college: [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior

Housing while in school: [ ] On Campus [ ] Off Campus [ ] With Parents

Have you received a BIA scholarship grant before? [ ] Yes [ ] No

If yes, date of last grant: __________________________________________

STUDENT FINANCIAL INFORMATION:

<table>
<thead>
<tr>
<th></th>
<th>1st Sem./Qtr.</th>
<th>2nd Sem./Qtr.</th>
<th>3rd Sem./Qtr.</th>
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<tr>
<td>Savings:</td>
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<tr>
<td>Earnings from</td>
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<tr>
<td>School Year:</td>
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<td>Parent Contribution:</td>
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<td>TOTAL:</td>
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</table>

List the scholarships for which you have applied other than Kotzebue I.R.A.

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount Applied For</th>
<th>Award</th>
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I hereby certify that the information on these forms are true to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package.

Student Signature ___________________________ Date ___________________________

Native Village of Kotzebue – Kotzebue I.R.A

H.E. Scholarship Application
AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE KOTZEBUE IRA'S Education Coordinator TO RELEASE ALL RELEVANT AND PERTINENT INFORMATION CONTAINED IN MY RECORDS TO THE PROPER SCHOOL AUTHORITIES, IF NECESSARY, TO FACILITATE AND EXPEDITE MY TRAINING AND/OR EDUCATION.

I AUTHORIZE KOTZEBUE IRA TO RELEASE MY NAME, SCHOOL ATTENDED, COURSE OF STUDY IN WHICH ENROLLED AND DATES OF ATTENDANCE, FOR THEIR INFORMATION DEEMED NECESSARY TO FULFILL KOTZEBUE IRA'S STATISTICAL, REPORTING AND/OR AUDIT REQUIREMENTS.

I FURTHER AUTHORIZE NANA REGIONAL CORPORATION AND BUREAU OF INDIAN AFFAIRS OR THEIR CONTRACT DESIGNATES TO RELEASE ANY NECESSARY INFORMATION CONTAINED IN MY EMPLOYMENT ASSISTANCE, SOCIAL SERVICES, HIGHER EDUCATION AND STOCKHOLDER RECORDS TO:

Native Village of Kotzebue - Kotzebue IRA
Education Coordinator
P.O. Box 296
Kotzebue, AK 99752

KOTZEBUE IRA WILL NOT RELEASE ANY OTHER INFORMATION, REGARDING MY PARTICIPATION IN THEIR PROGRAMS, WITHOUT MY WRITTEN PERMISSION.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY ME, IN WRITING.

(Applicant Signature)       (Date)
NATIVE VILLAGE OF KOTZEBUE – KOTZEBUE I.R.A.
P.O. Box 296 Kotzebue, Alaska 99752 • Telephone 907.442.3467 • Fax 907.442.2162

FINANCIAL AID PACKAGE/NEED SHEET

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>SSN:</th>
<th>DOB:</th>
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</thead>
<tbody>
<tr>
<td>Maiden Name:</td>
<td>Native Corp.:</td>
<td>Phone #:</td>
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<tr>
<td>Mailing Address:</td>
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<tr>
<td>Accepted for admission?</td>
<td>Year in Discipline:</td>
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<tr>
<td>Marital Status:</td>
<td># Dependents/Ages:</td>
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</table>

I give ___________ permission to release the information in my financial aid academic files to the Native Village of Kotzebue – Kotzebue I.R.A. Education Coordinator.

__________________________
STUDENT SIGNATURE

DATE

TO BE FILLED OUT BY FINANCIAL AID OFFICER

Please fill in appropriate information. You may fax this document. Boxed figures must be mailed.

<table>
<thead>
<tr>
<th>COLLEGE/UNIVERSITY BUDGET</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>TUITION $</td>
<td>□ Student has not applied for financial aid. Need cannot be determined.</td>
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<tr>
<td>FEES $</td>
<td>□ Student applied late. Will not be considered for funding.</td>
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<tr>
<td>ROOM $</td>
<td>□ Student’s application in incomplete and cannot be considered.</td>
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<tr>
<td>BOARD $</td>
<td>□ Funds exhausted at institution.</td>
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<tr>
<td>BOOKS $</td>
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<tr>
<td>OTHER (specify) $</td>
<td></td>
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<tr>
<td>TOTAL BUDGET $</td>
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STUDENT RESOURCES/INSTITUTION AWARDS

FORECAST FOR TERM BEGINNING AND ENDING

<table>
<thead>
<tr>
<th>TYPE OF AID</th>
<th>FALL</th>
<th>WINTER</th>
<th>SPRING</th>
<th>SUMMER</th>
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<tr>
<td>AFD</td>
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<td>Alaska Student Loan</td>
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<td>College Scholarship</td>
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<td>College Work Study Program</td>
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<td>National Direct Student Loan</td>
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<td>PELL Grant</td>
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<td>SEOG</td>
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<td>Social Security</td>
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<td>Tribal Assistance</td>
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<td>Student Contribution</td>
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<td>Tribal Assistance</td>
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<td>Tuition Exemption</td>
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<td>Veteran Benefits</td>
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<td>Other (specify)</td>
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<td>Other (specify)</td>
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FINANCIAL AID OFFICER SIGNATURE (SIGN & PRINT) ____________________________

DATE

__________________________
TELEPHONE #

__________________________
FAX#

__________________________
E-MAIL ADDRESS
H.E. SCHOLARSHIP GRANT APPLICATION

GRIEVANCE PROCEDURES

Each applicant has the right to dispute any decision made by the Education Committee or Education Coordinator. The applicant must follow the grievance procedures found in 25 Code of Federal Regulations, Part 2.

The applicant must attempt to resolve the dispute by discussing the issue(s) with the Executive Director of the Kotzebue I.R.A. in person, in writing, or via teleconference. Should the dispute not be resolved, the applicant must request, in writing, a hearing before the Kotzebue I.R.A. Council.

The requested hearing shall take place at the next scheduled Kotzebue I.R.A. Council meeting. This hearing may be held in executive session at the request of the applicant, member(s) of the Council or any other relevant party. The decision rendered by the Kotzebue I.R.A. Council is final.