



# NATIVE VILLAGE OF KOTZEBUE KOTZEBUE IRA

## 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
- Student Aid Report (S.A.R.) from the Application for Federal Student Aid (F.A.F.S.A.). You can apply at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- 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

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

Native Village of Kotzebue 600 5<sup>th</sup> 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 \$: \_\_\_\_\_

**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:**

|               | 1 <sup>st</sup> Sem./Qtr. | 2 <sup>nd</sup> Sem./Qtr. | 3 <sup>rd</sup> Sem./Qtr. |
|---------------|---------------------------|---------------------------|---------------------------|
| Savings:      | _____                     | _____                     | _____                     |
| Earnings from | _____                     | _____                     | _____                     |
| School Year:  | _____                     | _____                     | _____                     |
| Parent        | _____                     | _____                     | _____                     |
| Contribution: | _____                     | _____                     | _____                     |
| <b>TOTAL:</b> | _____                     | _____                     | _____                     |

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

| Source: | Amount Applied For: | Award: |
|---------|---------------------|--------|
| _____   | _____               | _____  |
| _____   | _____               | _____  |
| _____   | _____               | _____  |
| _____   | _____               | _____  |

**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

**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.

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(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**

|                         |                     |      |
|-------------------------|---------------------|------|
| Student Name:           | SSN:                | DOB: |
| Maiden Name:            | Native Corp.:       |      |
| Mailing Address:        | Phone #:            |      |
| Accepted for admission? | Year in Discipline: |      |
| Marital Status:         | # Dependents/Ages:  |      |

I give \_\_\_\_\_ permission to release the information in my  
COLLEGE/UNIVERSITY  
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, however original must be mailed.

|                 |    |
|-----------------|----|
| TUITION         | \$ |
| FEES            | \$ |
| ROOM            | \$ |
| BOARD           | \$ |
| BOOKS           | \$ |
| OTHER (specify) | \$ |
|                 | \$ |
|                 | \$ |
| TOTAL BUDGET    | \$ |

- COMMENTS**
- Student has not applied for financial aid. Need cannot be determined.
  - Student applied late. Will not be considered for funding.
  - Student's application is incomplete and cannot be considered.
  - Funds exhausted at institution.

**STUDENT RESOURCES/INSTITUTION AWARDS FORECAST FOR TERM BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_**

| TYPE OF AID                  | FALL | WINTER | SPRING | SUMMER | TOTAL |
|------------------------------|------|--------|--------|--------|-------|
| AFD                          |      |        |        |        |       |
| Alaska Student Loan          |      |        |        |        |       |
| College Scholarship          |      |        |        |        |       |
| College Work Study Program   |      |        |        |        |       |
| National Direct Student Loan |      |        |        |        |       |
| PELL Grant                   |      |        |        |        |       |
| Parent/Spouse Contribution   |      |        |        |        |       |
| SEOG                         |      |        |        |        |       |
| Social Security              |      |        |        |        |       |
| Tribal Assistance            |      |        |        |        |       |
| Student Contribution         |      |        |        |        |       |
| Tribal Assistance            |      |        |        |        |       |
| Tuition Exemption            |      |        |        |        |       |
| Veteran Benefits             |      |        |        |        |       |
| Other (specify)              |      |        |        |        |       |
| Other (specify)              |      |        |        |        |       |

\_\_\_\_\_  
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.