

Sitka Tribe of Alaska

Education, Employment, and Training Department

456 Katlian Street

Sitka, Alaska 99835

- Phone: 907-747-3207 • Toll Free: 1-800-746-3207 •
- Fax: 907-747-4915 • Email: nancy.douglas@sitkatriben-sn.gov •

www.sitkatriben-sn.gov/depts/edu

Higher Education Scholarship Application

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



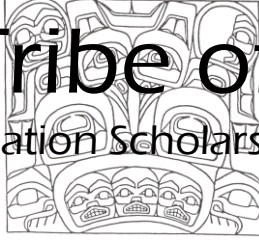
Application Deadline: May 1st and October 1st

Please mail or drop off completed application to:

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

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 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 or Drop –Off Completed Application to:

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

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, can not 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

Tribal Government for Sitka, Alaska

Education, Employment, and Training Department



RELEASE OF INFORMATION

I _____ give my permission to the Sitka Tribe of Alaska Education, Employment, and Training 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, and Training 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
 Voice: 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 <i>Previous</i>
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Soc Sec.#	Date of Birth	Place of Birth
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Sex	Tribe (Tlingit, Haida, etc.)	Degree
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Phone Number	Residence Address	Mailing Address
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City	State	Zip Code
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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
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– Education Department

Representative & Name of Department or Agency	Today's Date
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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
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Enrollment Department

Today's Date

BUDGET FORECAST

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

TO BE COMPLETED BY THE STUDENT							
Student Name:		Student Identification Number:			Social Security 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>_____</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 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>							
<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:</p>							
<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	s
Veteran's Benefits							
Tuition Wavier						(TOTAL RESOURCES)	s
Perkins Loan							
Other:						UNMET NEED	s
Other:							
<p>_____</p> <p style="text-align: center;">Signature of Financial Aid Officer/Advisor Date</p>							
FAO Address:			FAO Telephone		FAO Email:		

Application Deadline: May 1 / Oct 1

Please mail to: **Sitka Tribe of Alaska**
Education, Employment, and Training Department
456 Katlian Street
Sitka AK 99835

OR Fax to : (907) 747-4915

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, and for 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