

Higher Education Scholarship Application

Guidelines for a Completed Application

A. Complete Application Packet

Each applicant must submit a complete application packet on or before the posted deadline. A completed application consists of the following items:

1. Completed application form.
2. Personal statement from applicant outlining:
 - a. Your education/professional development goals,
 - b. Why you wish to attend school,
 - c. What you plan to do after receiving your degree,
 - d. What contributions you believe you will be able to make to the communities of the APICDA region or to Alaska in general, after achieving your academic goals.
 - e. Outline your personal financial contribution and your families financial contribution.
3. Official high school and college (continuing students) transcripts of credits, or GED test scores (if applicable).
4. Two letters of recommendation. A present or former faculty member or employer must write one of the letters, the other may be written by a faculty member, a present employer, or an individual who knows the applicant well, such as a minister, priest, doctor or elder in the community. No letter or recommendation will be accepted from any relative of an applicant.
5. Proof of acceptance at an accredited college or university, such as a copy of the letter of acceptance issued by the educational institute. Applicant must register and complete semester as a full-time student with a 2.0 GPA or greater.
6. Federal W-2 forms for the applicant or, if the applicant is a dependent, then for the applicant and their parents or guardians.
7. The applicant may wish to include newspaper articles and other materials concerning honors received, or activities he or she has participated in during recent years.
8. Recommendation and comments by the Community Liaison Officer in the applicant's community.
9. Mail or deliver your complete application packet to APICDA before the deadline.

B. Re-Application:

Applicants must apply each year to be considered for a scholarship for each academic year in question. All applicants, including previous recipients, must submit a complete application by the application deadline noted below. If you attended school the previous semester and received the Higher Education Scholarship you do not need to submit the two letters of recommendation or your acceptance letter. If you have changed schools since your last award you will need to include your new acceptance letter. All other required items must be submitted by the deadline.

C. Application Deadline:

Scholarship application packets must be submitted by **July 1st** of each year for those applying for full academic year funding. Scholarship applications for students admitted to an institution for winter or spring terms must be submitted by **November 15th**. **The application packet must be complete. There will be no exceptions to these deadlines.**

D. Disbursement of Scholarships:

Scholarships awarded to a successful applicant will be disbursed to the educational institute in which the recipient has been accepted or is enrolled. The educational institution will be directed to either disburse the funds to the recipient, or apply such funds to the recipient's tuition account, by the

Training and Education Committee of the Aleutian Pribilof Island Community Development Association.

Scholarships are disbursed by quarter or semester based on the institute's terms. After the first disbursement is awarded, future funding is awarded once APICDA verifies the student is in good academic standing. Good academic standing is defined as a minimum 2.0 GPA and completing a minimum 12 credits per semester or 10 credits per quarter for full-time students and 6 credits per semester or 4 credits per quarter for part-time students. Students must arrange to have a copy of their transcripts sent to APICDA within two weeks of the date that transcripts are made available. APICDA will then verify the student's GPA and credits for the previous term funded and determines if the student is in good standing. Students must arrange to have a copy of their transcripts sent to APICDA upon completion of the academic year in which they received the scholarship grant.

Application Instructions

1. Personal Information

- a. **Name of Applicant:** Full Name of applicant, last name, first name and middle initial.
- b. **Date of Birth:** Applicant's date of birth.
- c. **Social Security Number:** Social Security Number of applicant.
- d. **Permanent Address:** Permanent address and contact information for applicant (i.e., address used for Permanent Fund Dividend.) Phone number where a message can be left. Email address where a message may be sent while applicant is not attending school.
- e. **School Address:** Applicant's address and contact information while attending school (i.e., dorm address or post office box at education institution.) Applicant's phone number and email address while attending school.
- f. **APICDA Community:** You must select which APICDA Community you are from or have historical ties to.

2. Previous School Information

List all schools, colleges, or training institutions attended with dates of attendance, number of credits completed, and program of study.

3. School Information.

- a. List the name of the institution, the mailing address and phone number.
- b. List the address and phone number to the financial aid office at the institution you plan to attend.
This information must be provided in order to process your tuition payment
- c. **Have you applied for a Higher Education Scholarship with APICDA before?** If you answer yes, list the date of the last application.
- d. **APICDA Community:** Please indicate whether you intend to return to the APICDA region after college. (The APICDA region consists of the following communities: Akutan, Atka, False Pass, Nelson Lagoon, Nikolski, St. George, and Unalaska).
- e. **Class Status:** Indicate your class status based upon the number of credit you have earned. (Do not indicate by the number of years attended).
- f. **Degree Type:** What type of degree are you seeking?
- g. **Major field of study:** Indicate your declared or intended major. All students must declare a major upon completion of their Sophomore year.
- h. **Graduation Date:** List the date of your anticipated graduation or completion of your degree.

- i. **Terms Attending:** Select if you are on the quarter system or the semester system at your institution. Select which terms you will be taking.
- j. **Credits Registered for:** Indicate how many credits you intend to enroll for each term.

5. Financial Information.

a. **If you are over 21:**

List your employer and your annual income declared on your prior year's federal income tax return. If married, list your spouse's employer and annual income declared on their prior year's federal income tax return.

b. **If applicant is a minor, or a dependent of their parents for tax purposes:**

List each parent's employer and annual income declared on prior year's federal income tax return.

6. Additional Funding:

List family contributions, financial aid and scholarships you have applied for. List the amount, and whether they have been granted. If decision is pending, indicate the date decision will be made.

7. Student Budget:

Please list all expenses in categories A - J, for each term.

- a. Tuition: Cost of program
- b. Fees: Fees associated with program (i.e.: lab, health center, government, registration)
- c. Room: Cost of housing (i.e.: dorm, apartment, efficiency, room)
- d. Board/Meals: Cost of board/meals (i.e.: food, meal plan, electricity, gas, water)
- e. Books: Cost of textbooks and text required for program
- f. Supplies: Cost of materials needed for program (i.e.: tools, pens/pencils, disks)
- g. Insurance: Cost of insurance (i.e.: Health Insurance, Renters Insurance)
- h. Transportation: Costs for getting to institution from day-to-day (i.e.: bus pass, parking fees, gas, car insurance)
- i. Phone: Cost for local, basic service connection
- j. Miscellaneous Expenses: Misc. Expense: Costs that would otherwise not be addressed by above categories (i.e.: laundry expenses, internet, cable TV, gym fees, personal care)

Total each term on the grand total line. Add the totals on the grand total line and transfer that amount to the total school costs line. Subtract total family/scholarship contribution from the total school costs to determine the total balance needed.

8. Refund of Scholarship Grant:

Please make sure you understand the terms under which this grant is being made. If you have questions please contact your CLO or our office. Your signature constitutes a legal obligation to repay the grant if the requirements are not met.

9. Release of Transcript Authorization:

You are responsible for sending an official copy of your transcript to our office at the end of each term. In the event you do not, this authorizes APICDA to request an official copy of your transcript from your educational institution. Complete bottom portion of form giving your complete name as it would appear on your official transcript, social security number or student ID number, and date of birth. Complete the authorization with the name of your college or university and sign and date the form.

Residency Requirement

Applicants must qualify under one or both of the residency requirements below to be eligible for this scholarship.

A.) Historical Relationship

Applicants hereunder may be Native or non-Native, but must have an historical relationship with one or more of the following communities: Akutan, Atka, False Pass, Nelson Lagoon, Nikolski, St. George, and Unalaska; or

B.) Residency Requirement

An applicant must have maintained full-time residency in one of the APICDA member communities for at least five years immediately prior to the application date and must intend to return to (or work for the benefit of) the APICDA Region upon completion of school. An applicant who has moved from the APICDA Region and maintained full-time residency outside of the APICDA Region for at least two years is no longer eligible for scholarship funds from APICDA.

Any student who is currently a recipient of the Higher Education Scholarship program is exempt from this clause for the duration of the completion of the degree program for which he or she was granted scholarship funds; provided that he or she maintains full-time student status during the exemption period. A student who completes his or her degree program under this clause is not eligible to apply for scholarship funds for a higher degree program unless he or she has otherwise established eligibility for a scholarship under the residency/historical ties criteria listed above.

Students must notify APICDA immediately if they fail to maintain good academic standing.

For questions, please contact Human Resources at (907) 929-5273, fax (907)929-5275, or e-mail: rshellikoff@apicda.com.

**Mail your complete application to:
APICDA
Attn: HR
509 West 3rd Avenue, Suite 101
Anchorage, AK 99501**



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IV. Financial Information

If student is over 21:
 Student's Employer: _____ Annual Income: _____
 Spouse's Employer: _____ Annual Income: _____
 If student is a minor or dependent:
 Father's Employer: _____ Annual Income: _____
 Mother's Employer: _____ Annual Income: _____

V. Additional Education Funding

List Family Contribution, Scholarships and Financial Aid Applied for:

<u>Source</u>	<u>Amount</u>	<u>Granted/Progress</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. Student Budget Statement

	<u>Fall</u>	<u>Spring</u>	<u>Winter</u>
A. Tuition:	_____	_____	_____
B. Fees:	_____	_____	_____
C. Room:	_____	_____	_____
D. Board:	_____	_____	_____
E. Books:	_____	_____	_____
F. Supplies:	_____	_____	_____
G. Insurance:	_____	_____	_____
H. Transportation:	_____	_____	_____
I. Phone:	_____	_____	_____
J. Misc. Expenses:	_____	_____	_____
GRAND TOTAL	\$ _____	\$ _____	\$ _____

I am on a: Quarter System
 Semester System

TOTAL SCHOOL COSTS: \$ _____
TOTAL FINANCIAL AID: \$ _____
TOTAL SCHOLARSHIPS: \$ _____
TOTAL FAMILY CONTRIBUTION: \$ _____
TOTAL BALANCE NEEDED: \$ _____



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Refund of Scholarship Grant

I hereby agree that if I fail to complete the school term or otherwise fail to comply with the requirements for eligibility for which I received a higher education scholarship grant hereunder, I will promptly repay to the Aleutian Pribilof Island Community Development Association Education Endowment Fund (the "Fund") the amount of scholarship grant I received for the term in question. I acknowledge that this provision will not apply if I take a leave of absence from school and the leave is approved in advance by my school. I hereby direct that, if I cannot repay the grant, the Fund may obtain, at its discretion, such refund from my Alaska Permanent Fund Dividend as provided in Section 43.23.065 of the Alaska Statutes, or any other source.

I hereby attest that the information provided in this application is true, correct and complete; and the higher education scholarship, if awarded, will be used to further my education while attending the education institution listed below:

Name of College or University

Student's Signature

Date



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RELEASE OF TRANSCRIPT AUTHORIZATION

To be completed by applicant

Complete Name on College Records: _____
Social Security Number or Student ID: _____
Date of Birth: _____

I hereby authorize the release of my transcript from _____
Name of College or University
to the ALEUTIAN PRIBILOF ISLAND COMMUNITY DEVELOPMENT ASSOCIATION for
the purpose of determining scholarship awards.

Student's Signature

Date

Release of Transcript Authorization
To be completed by APICDA

To: _____

To Whom It May Concern:

Please provide one (1) official transcript to the Aleutian Pribilof Island Community Development Association for the purpose of determining scholarship awards to the following address.

Aleutian Pribilof Island Community Development Association
Attn: Human Resources
509 West 3rd Avenue Suite 101
Anchorage, Alaska 99501

Sincerely,

Human Resources Representative Signature

Date