

Supplemental Education Guidelines for a Completed Application

A. Complete Application Packet:

Each applicant must submit a completed application packet through his or her Community Liaison Officer (CLO) to be considered. A completed application consists of the following items:

1. Completed **Application** Form.
2. **Personal Statement** explaining:
 - a. Your education/professional development goals,
 - b. Why you wish to attend school,
 - c. What you plan to do after receiving your training,
 - d. What contributions you will make to the APICDA region after achieving your academic goals.
3. Proof of **Acceptance** at an accredited college/university or vocational institution, such as a copy of the letter of acceptance issued by the educational institute.
4. Copy of **Registration** from college/university or vocational institution.
5. Copy of **Receipts** (for reimbursable expenses.)
6. Submit to your local Community Liaison Officer (CLO) for a funding recommendation.

B. Application Deadline Requirements:

Completed scholarship application packets must be submitted ten (10) business days prior to the start date of training or education course. **The application packet must be complete to be considered.**

C. Disbursement of Scholarships:

Scholarships made to a successful applicant will be disbursed by the Aleutian Pribilof Island Community Development Association to the college/university or vocational institution in which the recipient has been accepted or is enrolled.

D. Completion of Education or Training:

Upon completion of training program the student must send a copy of certification or notice of completion from the college/university or vocational institution attended to the Aleutian Pribilof Island Community Development Association.

Students must notify Aleutian Pribilof Island Community Development Association immediately if they are unable to complete the course the scholarship was granted for.

Supplemental Education Scholarship Application Instructions:

1. Personal Information

- a. Name of Applicant: Full Name of applicant, first, middle, and last name.
- b. Permanent Address: Permanent address and other contact information for applicant (i.e.: address and phone number used for permanent fund dividend).
- c. Social Security Number: Social Security Number of applicant.
- d. Date of Birth: Applicant's date of birth.
- e. Phone Number: Applicant's phone number or a number where a message can be left.
- f. Email Address: If applicable
- g. How may we contact you while you are in school: Address and other contact information of applicant while attending school.
- h. APICDA Community: You must select which community you are associated with or have historical ties to.

2. Education

List all schools, colleges, or training institutions attended with date of graduation or attendance.

3. School Information

- a. Institution Information: The name, mailing address, and phone number of the institution you will be attending. ***This information must be provided in order to process your tuition payment.***
- b. Name of Program or course: The title of the training program or educational course.
- c. The starting and ending date of the training/course you will attend.
- d. The date you will begin traveling to reach the training program and the date you will arrive home after the training is completed.

4. Employment Assistance

State whether you are interested in assistance in finding employment after completing the training/course.

5. Previous APICDA Grant

State whether you have received a Supplemental Education Grant from APICDA in the past. If yes, please state the date you received it.

6. Completed Program

State whether you completed the program you were given the APICDA grant for.

7. Type of job desired as a result of training and impact on APICDA community.

Explanation of how this training or course will help you to achieve your career/employment goals and how you feel this would benefit your community in the APICDA region.

8. List Previous Training.

List all previous training you have completed (and/or certificates earned) in the past, and the dates.

9. Employment History (Last Five Years)

- a. Employer: Name and address of employer.
- b. Dates of employment: List the date your employment started and ended, or if presently working for employer (i.e.: 8/95 to present).
- c. Job Description: Description of job duties and responsibilities.

10. Is this education/training necessary for your current employment?

State whether this training is necessary for your current job, and why it is necessary.

11. Have you requested financial assistance from your employer?

Indicate whether you have requested financial assistance from your employer. If you have requested assistance what was their response and any amount contributed. If you haven't requested assistance please explain why not.

12. Financial Information

List all financial assistance applied for, the amount requested, and the amount received. If no determination has been made state the date they will announce their decision.

13. Student Budget Statement

1. Program Costs

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

2. Amount Requested

List the amount requested from APICDA for each category.

14. Refund of Supplemental Education 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.

Review application instructions before completing application

SUPPLEMENTAL EDUCATION SCHOLARSHIP APPLICATION

1. PERSONAL INFORMATION:

Applicant Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

How may we contact you while you are in training? _____

APICDA Community: Akutan Atka False Pass Nelson Lagoon Nikolski St. George Unalaska

2. EDUCATION (High School, College or Vocational Institutions):

<u>Name of Institution:</u>	<u>Dates Attended:</u>	<u>Graduated:</u>	<u>Program of Study:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. SCHOOL INFORMATION:

Name of the Institution You Plan to Enter: _____

_____ Address (Street or PO, City Zip) _____ Phone Number _____

Name of Program or Training: _____

Program Start Date: _____ Program End Date: _____

Travel Start Date: _____ Travel End Date: _____

4. AFTER COMPLETING YOUR TRAINING, WOULD YOU BE INTERESTED IN EMPLOYMENT ASSISTANCE? Yes No

5. HAVE YOU RECEIVED A SUPPLEMENTAL EDUCATION GRANT IN THE PAST FROM APICDA?
 Yes No IF YES, WHEN? _____

6. DID YOU COMPLETE THE PROGRAM THAT WAS FUNDED BY APICDA? Yes No

7. TYPE OF JOB DESIRED AFTER TRAINING AND HOW THE TRAINING WILL IMPACT YOUR COMMUNITY AND THE APICDA REGION:

8. PLEASE LIST YOUR PREVIOUS TRAINING AND/OR CERTIFICATES:

9. EMPLOYMENT HISTORY: (Last Five Years, Beginning With Most Recent)

<u>Employer:</u>	<u>Dates of Employment:</u>	<u>Brief Job Description:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. IS THIS SUPPLEMENTAL EDUCATION NECESSARY FOR YOUR CURRENT EMPLOYMENT?

Yes No

Please Explain: _____

11. HAVE YOU REQUESTED FINANCIAL ASSISTANCE FROM YOUR EMPLOYER? Yes No

Please Explain: _____

12. FINANCIAL INFORMATION:

List Family Contribution, Scholarships and Financial Aid Applied for:

	<u>Funding Source:</u>	<u>Amount Requested:</u>	<u>Amount Granted:</u>
Employer	_____	_____	_____
APIA	_____	_____	_____
Financial Aid	_____	_____	_____
Family Contribution	_____	_____	_____
Other, Please Name:	_____	_____	_____
Other, Please Name:	_____	_____	_____

13. STUDENT BUDGET STATEMENT:

	<u>Program Costs:</u>	<u>Amount Requested:</u>		
A. Tuition:	_____	_____		
B. Fees:	_____	_____	Total School Costs:	\$ _____
C. Books:	_____	_____	Total Financial Assistance:	\$ _____
D. Supplies:	_____	_____	Total Balance Needed:	\$ _____
E. Room:	_____	_____		
F. Board/Meals:	_____	_____		
G. Airfare:	_____	_____		
H. Transportation:	_____	_____		
I. Misc. Expense:	_____	_____		
TOTALS:	\$ _____	\$ _____		

14. REFUND OF SUPPLEMENTAL EDUCATION GRANT:

I hereby agree that if I fail to complete the training course or otherwise fail to comply with the requirements for which I received a Supplemental grant hereunder, I will follow the Student Forgiveness Guidelines to be eligible for future funding. The student Forgiveness Guidelines states the following: A resident who defaults in the Supplemental Education Scholarship program will not be eligible for funding for one year from the program's start date. After one year they may reapply for funding. If funded, they receive one half of their award at the beginning of their program and required to provide a progress report from the instructor regarding progress in the program and likely hood for completion. Second half of funds will be awarded upon a satisfactory progress report. Applicants who default in either of the scholarship programs above must follow the forgiveness guidelines if they choose to apply for future APICDA funding.

I hereby attest that the information provided in this application is true, correct and complete; and the grant, if awarded, will be used to further my Supplemental education training while attending:

(Name of College or Training School)

Signature

Date