# Aleutian Pribilof Island Community Development Association (APICDA) Haginaa Kidul (*Helping to Grow*) Scholarship Program College Scholarship Application Instructions



Thank you for your interest in APICDA's scholarship program. APICDA, a Western Alaska Community Development Quota (CDQ) organization, is committed to leveraging our natural and human resources for positive community and regional impact through the management of CDQ quota and prudent investments. Working closely with its board and staff, APICDA reinvests proceeds in its member communities through public infrastructure development, community wellness, cultural awareness initiatives and a portfolio of regional education and training opportunities.

APICDA recognizes the interconnectedness of students, families and communities within the Aleutian and Pribilof region. We believe that expanding access to education and training offerings beyond CDQ member communities will help increase opportunities for networking, collaboration and information sharing, and in turn will help grow and strengthen our regional economy.

This program provides college scholarships to students from the APICDA CDQ communities of Akutan, Atka, False Pass, Nelson Lagoon, Nikolski and St. George and includes communities from the Aleutian Region, Adak, Cold Bay, King Cove, Sand Point and Unalaska. Student who are pursuing a undergraduate college degree are eligible to apply for this program.

#### **Eligibility Criteria**

- 1. Be a full-time permanent resident of an APICDA CDQ community; Akutan, Atka, False Pass, Nelson Lagoon, Nikolski, St. George or from an Aleutian Region community of Adak, Cold Bay, King Cove, Sand Point or Unalaska for a minimum of 12 consecutive months and demonstrate intent to remain a resident indefinitely
- 2. Registered or planning to attend undergraduate school full-time at an accredited Postsecondary educational institution, with a minimum credit load of 12 hours per semester or 10 hours per quarter
- 3. Minimum 3.0 GPA
- 4. Demonstrate financial need
- 5. Educational goals must lead the scholarship recipient back to the Aleutian Pribilof Region for employment

#### **Notification of Award**

Students will be notified via email if they are selected for an award. Award recipients will be posted on APICDA's website.

Students must reapply each year for the APICDA Haginaa Kidul (*Helping to Grow*) College Scholarship.

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### **Complete Application Packet Checklist**

Each applicant must submit a complete application packet with the following documentation by the deadline to be considered for a scholarship. Complete applications must be submitted by 5:00 PM (Alaska standard time) on June 1 annually. Applications that are incomplete or submitted late will not be accepted. There will be no exceptions to this deadline.

| Completed application form                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol> <li>Personal statement (minimum 500 words) that includes the following information:         <ol> <li>Your educational goals and professional/career development plan</li> <li>Why you wish to attend school</li> <li>Your plans after receiving your degree</li> <li>Contributions you will make to communities in the Aleutian Pribilof region after completing your education</li> </ol> </li> </ol> |
| <u>Proof of acceptance</u> to an accredited college or university (e.g. copy of letter of acceptance issued by the educational institution)                                                                                                                                                                                                                                                                 |
| Official high school transcript, GED test scores, or official college transcripts. Official transcripts must be sealed and mailed or securely emailed from the registrar's office.                                                                                                                                                                                                                          |
| <u>Proof of registration</u> showing the number of credits the applicant is enrolled in.                                                                                                                                                                                                                                                                                                                    |
| <u>Two letters of recommendation</u> – One from a present or former educational faculty member or employer, and one from a faculty member, present or former employer, or an individual who knows you well and is not a relative (e.g. priest, doctor, or elder in the community).                                                                                                                          |
| <ol> <li>Proof of residency Acceptable documents may be one of the following:         <ol> <li>Most recent high school transcript</li> <li>Current Alaska PFD records</li> <li>Current electric/fuel bill receipt or other proof of maintaining your permanent residence in the A/P Region</li> <li>Most recent employer or unemployment records (i.e. W-2, check stub, statement)</li> </ol> </li> </ol>   |
| Other supporting documentation/extras (e.g. articles, awards or other materials concerning honors and community engagement activities or volunteering)                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                             |

Submit your completed application via email to <a href="mailto:education@apicda.com">education@apicda.com</a>, via fax to 907-646-7741, or mail to: APICDA, Attn: T&E Dept., 717 K Street, Anchorage, AK 99501

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| 1. Personal Infor                                 |                                    |                     |                                      |                                  |  |
|---------------------------------------------------|------------------------------------|---------------------|--------------------------------------|----------------------------------|--|
| Social Security No.:                              |                                    | Date of Birth:      |                                      |                                  |  |
| Permanent Address:                                |                                    |                     |                                      |                                  |  |
| City:                                             |                                    | State:              | Zip Code:                            |                                  |  |
| Address While Attendi                             |                                    |                     |                                      |                                  |  |
|                                                   |                                    |                     |                                      |                                  |  |
|                                                   |                                    |                     |                                      |                                  |  |
| Select the community y                            | ou are a current resid             | lent of: ☐ Adak ☐   | Akutan □ Atka □ Co                   | ld Bay ☐ False Pass              |  |
| ☐ King Cove ☐ Nels                                | on Lagoon   Nike                   | olski □ Sand Poir   | t □ St. George □ U                   | Jnalaska                         |  |
| Have you received an A<br>If yes, which scholarsh | •                                  | •                   | □ No                                 |                                  |  |
| Did you complete the p<br>How did you hear abou   | C                                  | 1 0                 | nted?                                |                                  |  |
| Name of Institution:                              | ge/University Inform               |                     |                                      |                                  |  |
| Financial Aid Office A                            |                                    |                     |                                      |                                  |  |
|                                                   |                                    |                     | _ Zip Code: Phone Number:            |                                  |  |
| Major/Field of Study: _                           |                                    |                     | Expected Graduation Date:            |                                  |  |
| Class Status:                                     | □ Freshman □                       | Sophomore           | ☐ Junior ☐ Sen                       | ior                              |  |
| Degree Type:                                      | ☐ 2-Year Associat                  | te's Degree         | 's Degree □ 4-Year Bachelor's Degree |                                  |  |
| School System:   Quarter System                   |                                    | ☐ Semester System   |                                      |                                  |  |
|                                                   | eation Information of Institution: | Dates Attended      | : Graduated (Date)                   | : Program of Study:              |  |
| - Name v                                          | or mistitution.                    | Dates Attended      |                                      |                                  |  |
| your education. Lis                               |                                    | ou have applied for | and the status:                      | or additional funding to support |  |
| Source                                            |                                    |                     | Amount                               | Granted/Status                   |  |
|                                                   |                                    |                     |                                      |                                  |  |

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## Aleutian Pribilof Island Community Development Association (APICDA) Haginaa Kidul (*Helping to Grow*) Scholarship Program College Scholarship Application Form

#### 5. **Student Budget Statement** (List the expenses in the budget below by term and include all financial aid, scholarships and other financial contributions to your education to calculate your total balance needed) Fall Winter Spring Tuition: Fees: Books: Supplies: Room: Board/Meals: Transportation: **TOTAL:** TOTAL SCHOOL COSTS: TOTAL FINANCIAL AID/SCHOLARSHIPS: \$ TOTAL BALANCE NEEDED: \$ **APPLICANT ACKNOWLEDGEMENT:** I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to complete my scholarship application. I request that any scholarship awarded to me be mailed to the financial aid office of my current educational institution. I will provide an official transcript to the Aleutian Pribilof Island Community Development Association (APICDA) at the end of each academic term. STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funding I receive under the APICDA Haginaa Kidul (Helping to Grow) College Scholarship solely for expense connected with attendance at my college/university. TRANSCRIPT RELEASE AUTHORIZATION I hereby authorize the release of my transcript from Name of College or University to the Aleutian Pribilof Island Community Development Association (APICDA) for the purpose of determining scholarship awards. Student ID #: Print Name Signature Date MEDIA RELEASE AGREEMENT ☐ I hereby give APICDA the right to use my name, picture, portrait, or photograph for any publication, social media post, and/or website.

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Date

Signature