



CHULOONAWICK NATIVE VILLAGE  
PO Box 245  
Emmonak, Alaska 99581  
Phone: 907-949-1345 Fax: 907-949-1346

# STUDENT APPLICATION CHECK LIST

## REQUIRED DOCUMENTS

- Complete Scholarship Grant Application
- Personal Essay
- Two Letters (2) of Reference / Recommendations
- Budget Forecast Form sent from College or University Financial Aid Office
  
- Letter of Acceptance
- High School / College Transcript
- Certificate of Native Enrollment – Certificate Degree of Indian Blood (CDIB)
- Tribal Membership Identification
- Acceptable Proof of Birth Certificate and Social Security Card

**All items listed above must be submitted in order for your application to be complete.**

## INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Please return your completed application to:

Scholarship Coordinator  
Chuloonawick Native Village  
PO Box 245  
Emmonak, AK 99581

APPLICATION DEADLINE:  
March 15<sup>th</sup> for Summer Semester

May 15<sup>th</sup> for Fall Semester  
October 15<sup>th</sup> for Spring Semester

## HIGHER EDUCATION SCHOLARSHIP GRANT APPLICATION

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex:  Male  Female

Student Material Status:  Married  Single

Divorced  Separated

No of Dependents: \_\_\_\_\_ Veteran:  Yes  No State of Residency: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Enrollment No: \_\_\_\_\_

Home Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of High School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of School:  BIA  Tribal  Private  Mission  Public

GED / Graduation Date: \_\_\_\_\_

Application Request Year \_\_\_\_\_ to \_\_\_\_\_

Academic Year:  Fall  Spring  Summer Enrollment Status:  Full Time  Part Time

Name and Address of College Selected: \_\_\_\_\_  
\_\_\_\_\_

College Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Expected Degree:  AA  BA  BS  BA Other: \_\_\_\_\_

Year in College:  Freshmen  Sophomore  Junior  Senior  Graduate

I will live:  On Campus  Off Campus  With Parents

Have you received a BIA Grant Before?  Yes If yes, what year? \_\_\_\_\_  NO

Number of Semester Hours Earned: \_\_\_\_\_ Number of Quarters Hours Earned: \_\_\_\_\_

Statement of Education Purpose: I declare that I will use any funds I receive under the Chuloonawick Native Village Higher Education Grant Policy solely for purposes connected with attendance at:

Name of Institution: \_\_\_\_\_

### **Privacy Act and Paperwork Reduction Act Statement**

This information is provided to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required to the Office of Indian Education Programs. Response to this request is to obtain a benefit.

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 necessary agencies to complete my financial aid package. I request that any Chuloonawick Grant awarded to me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Chuloonawick Native Village at the end of each term.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL ESSAY

Student Name: \_\_\_\_\_

Please describe your educational goals and objectives, your plans and time frame for meeting these goals. Be specific about the reasons you chose a university education and your life goals. This essay is very important. A subjective review of your essay is a significant part of the evaluation.

**PLEASE TYPE OR PRINT LEGIBLY ON THIS PAGE.** *Attach additional sheets if needed.*

**LETTER OF RECOMMENDATION #1**

**Please fill out form completely**

Student Name: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Applicant:  
\_\_\_\_\_  Educational  Church  Community

Occupation: \_\_\_\_\_  Extracurricular  Employment  Other

Employer's Address: \_\_\_\_\_ How Many Years Have You Known The Applicant?  
\_\_\_\_\_  Less than 1 Yr  1 to 3 years  More than 3

Consider the following:

Has the applicant accomplished specific goals within the community? Is the Applicant an asset to his / her community? Does the applicant show ability to motivate and influence others? Does the applicant set realistic long-term goals and manage the steps to attain them? Please use provided space for your recommendation. You may use a separate sheet if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LETTER OF RECOMMENDATION #2**

**Please fill out form completely**

Student Name: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Applicant:  
\_\_\_\_\_  Educational  Church  Community

Occupation: \_\_\_\_\_  Extracurricular  Employment  Other

Employer's Address: \_\_\_\_\_ How Many Years Have You Known The Applicant?  
\_\_\_\_\_  Less than 1 Yr  1 to 3 years  More than 3

Consider the following:  
Has the applicant accomplished specific goals within the community? Is the Applicant an asset to his / her community? Does the applicant show ability to motivate and influence others? Does the applicant set realistic long-term goals and manage the steps to attain them? Please use provided space for your recommendation. You may use a separate sheet if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHULOOKAWICK NATIVE VILLAGE  
Budget Forecast Sheet**

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

University: \_\_\_\_\_ Date: \_\_\_\_\_

Student Marital Status:  Married  Single  Divorced

Student Is:  Dependent  Independent

I give permission for the University to release financial and academic information to Chulookawick Native Village.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_

**College or University Budget**

Tuition \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Other (Specify) \$ \_\_\_\_\_

- Student has not yet applied for Financial Aid. Need cannot be determined
- Student applied late, will not be considered for funding
- Student application is incomplete and cannot be considered
- Funds exhausted at institution

**STUDENT RESOURCES AND INSTITUTION AWARDS**

**Please list all resources of income for the time you will be attending school**

Starting Date: \_\_\_\_\_

Type of Aid	Fall	Spring	Summer	Total
AFDC or Welfare	_____	_____	_____	_____
Alaska Student Loan	_____	_____	_____	_____
College Scholarship	_____	_____	_____	_____
College Work Study Program	_____	_____	_____	_____
Perkins Loan	_____	_____	_____	_____
Pell Grant	_____	_____	_____	_____
SEOG	_____	_____	_____	_____
Spouse Contribution	_____	_____	_____	_____
Guaranteed Student Loan	_____	_____	_____	_____
Student's Contribution	_____	_____	_____	_____
Tribal Assistance	_____	_____	_____	_____
Tuition Exemption	_____	_____	_____	_____
Veterans Benefits	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
<b>Total Resources</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Financial Aid Officer Signature \_\_\_\_\_ Telephone No: \_\_\_\_\_ Date \_\_\_\_\_

Name of School \_\_\_\_\_

Address: \_\_\_\_\_

Quarter System: \_\_\_\_\_ Semester System: \_\_\_\_\_