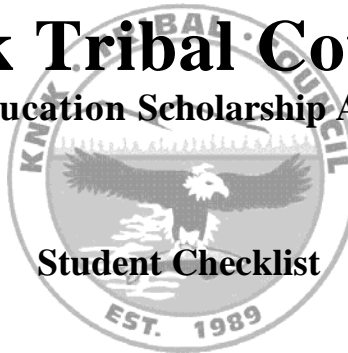


Knik Tribal Council

Higher Education Scholarship Application



Student Checklist

Please complete and /or gather the following items in order for your application to be processed and reviewed by the Education and Training Coordinator. Chin'an.

- Completed KTC Application**
 - Student/Education Information (Page 2)
 - Signed Release of Information (Page 2)
 - Monthly Expenses (Page 3)
 - Budget Forecast (Page 4)
 - Enrollment Verification; Tribal or CIB showing $\frac{1}{4}$ or more (Page 6)
 - Applied for Other Resources
 - Letter of Intent; Explaining world view as an Alaska Native/American Indian, How funding will assist you and your community
- Letter of Admission from the school you plan on attending**
- Grades for last term or High School Transcript/GED**
Higher Education Only (If GED is submitted, please include scores.)
- Two letters of Recommendation**
- Proof of One Year Residency** (If not a member) Rental Agreement, Mortgage Paperwork, Electric Bill, Phone Bill, Gas Bill,
- Class Schedule**
- Student Aid Report (SAR)** - (Higher Education only) Report generated via the Free Application for Federal Student Aid - Must apply at www.fafsa.ed.gov or mail in paper application
- Appeals Process (Page 7)** – The client has read Knik Tribal Council's Appeals Process and it has been initialed.

***H.E. Scholarship Applications must be COMPLETE and received or postmarked by August 14th for Fall Semester or December 18th for Spring Semester**

Knik Tribal Council
Education and Training Coordinator
Quentin (Ciissiar) Simeon
907-373-7991
PO Box 871565 Wasilla, AK 99687



Knik Tribal Council General Application

For Membership, Education, Housing, Assistance, and Services

Applicant Information						
Last Name:		First Name:		MI:	Native/Nick/Maiden Name:	
Social Security Number:		Date of Birth:		Place of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
						Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		Number of Dependents:		Total Number in House:		Membership Status
						Original Tribal Region/Corporation:
Household Type:	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Relatives	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Resident Non-Mmbr
						<input type="checkbox"/> Associate Member
						<input type="checkbox"/> Base Member
Email Address(es):				Blood Quantum:		Knik Tribal Number:
Permanent Mailing Address		Physical Address			Mailing Address at School (Optional)	
Home or Work Phone Number		Cell Phone Number (Optional)			Phone Number at School (Optional)	
Education			Employment/Monthly Income			
City, State, and Year Diploma/GED Earned:			<input type="checkbox"/> Employed		<input type="checkbox"/> Unemployed Since: ____/____/____	
			<input type="checkbox"/> Self-Employed			
			<input type="checkbox"/> Working Less Than Full-Time		<input type="checkbox"/> Unemployment Expired: ____/____/____	
Highest Grade Complete:			<input type="checkbox"/> Last Hourly Wage: \$ _____		<input type="checkbox"/> Never Worked & Reason:	
Educational/Vocational Schools Attended:			Monthly Income: \$ _____		Type of Income:	
			Monthly Assistance / Supplemental Income and Total: \$ _____			
			<input type="checkbox"/> ATAP <input type="checkbox"/> TANF <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security			
			<input type="checkbox"/> Veteran Disability <input type="checkbox"/> Longevity Bonus <input type="checkbox"/> Child Care Assistance <input type="checkbox"/> AK Perm. Dividend			
			<input type="checkbox"/> Regional Corp. Dividend <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Other: _____			
Skills (Please provide some information about your skills and abilities.)						
Administration/Clerical	Construction/Transport	Cultural/Traditional	Food/Customer Service	Healthcare	Education	Entrepreneur
Requested Services						
Job Readiness	Higher/Adult Education	Vocational	Sports/School	Support/Services	Housing	
<input type="checkbox"/> Resume	<input type="checkbox"/> Scholarships	<input type="checkbox"/> BOWD	<input type="checkbox"/> School Supplies	<input type="checkbox"/> Dental	<input type="checkbox"/> Rental Asst.	<input type="checkbox"/> Heating
<input type="checkbox"/> Job Searching	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Construction	<input type="checkbox"/> Sports Fees	<input type="checkbox"/> Eye Care	<input type="checkbox"/> Mortgage Asst.	<input type="checkbox"/> Snow Plow
<input type="checkbox"/> Computer Use	<input type="checkbox"/> GED	<input type="checkbox"/> CDL	<input type="checkbox"/> NYO/WEIO	<input type="checkbox"/> Child Care Asst.	<input type="checkbox"/> Appliances	<input type="checkbox"/> Food Bank
<input type="checkbox"/> Work Clothing	<input type="checkbox"/>	<input type="checkbox"/> CPR/First Aid		<input type="checkbox"/> Transportation	<input type="checkbox"/> Medical Trnsprt	<input type="checkbox"/> Utilities
<input type="checkbox"/> Entrepreneur		<input type="checkbox"/> Mechanics		<input type="checkbox"/> Library	<input type="checkbox"/> Clothing Closet	
<input type="checkbox"/> Direct Emp.		<input type="checkbox"/> Heavy Equipment		<input type="checkbox"/> ICWA	<input type="checkbox"/> House Rehab.	
Release of Information						
I, _____, give my permission to the Knik Tribal Council to verify any academic or financial information that is needed to determine my eligibility for funding or services. I hereby give this permission for as long as required or until revoked in writing by me to:						
Knik Tribal Council PO Box 871565 Wasilla, AK 99687						
Signed this _____ day of _____, 20____.						
Signed: _____ Date of Birth: _____						

Education Plans		
College/School Attending & Address:	Financial Aid Office Phone and Building Number:	Financial Aid Fax Number:
Term Type: <input type="checkbox"/> Quarter <input type="checkbox"/> Tri/Semester <input type="checkbox"/> Other	Actual Term Start dates: Fall: Winter: Spring:	Number of Credits:
Field of Study:	Expected Degree/Certificate:	
Class Standing:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other	
Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Graduation/Completion Date:	

Educational Goals

Please State Your Educational Objective. If more space is needed, please attach a separate piece of paper.

Budget Information			
Expenses: Estimate your total monthly household expenses		Supplies: Please list all requested tools, clothing, or supplies, and acquire a quote from the vendor:	
Type of Expense	Amount	List type of Supplies:	Cost of Supplies:
Food	\$		\$
Heating Oil/Propane/Natural Gas	\$		\$
Phone	\$		\$
Electric	\$		\$
Water	\$		\$
Rent/House Payment	\$		\$
Gasoline	\$		\$
Cable Television	\$		\$
Child Care	\$		\$
Car Payment	\$		\$
Insurance	\$		\$
Other:	\$		\$
Total Estimated Monthly Expenses	\$	Total Supply Cost	

Attention: By signing below, I am indicating that I understand Knik Tribal Council requires me to utilize the funds in a responsible manner. I also understand that I must maintain a GPA of 2.0 or higher, and stay in good standing with the university or education facility, which I am attending. or supported work service. Refusal to cooperate fully with this policy may result in the denial of financial assistance through Knik Tribal Council for training and supported work service.

Member Signature

Date

BUDGET FORCAST:

Complete table <u>only</u> if applying for Scholarship Assistance			
Resources for Schooling <small>(Indicate "applied" if award amount is unknown)</small>		Schooling Expenses	
Student Contribution	\$	Tuition	\$
Parent Contribution	\$	Fees	\$
Spouse Contribution	\$	Room/Board	\$
Native Corporation Grant	\$	Books/Supplies	\$
Native Corporation Grant	\$	Local Transportation	\$
ANB/ANS Grant	\$	Personal Expenses	\$
Pell Grant	\$	Other (specify)	\$
Tuition Exemption	\$	Other (specify)	\$
College Work Study	\$	UNIQUE EXPENSES (If Any)	\$
College Scholarship	\$		\$
Alaska Student Loan	\$		\$
Stafford Loan	\$		\$
Alaska Supplemental Loan	\$		\$
Alaska Family Education Loan	\$		\$
SEOG	\$		\$
Student Loan	\$		\$
Government Aid (Assistance/SSI)	\$		\$
Veteran's Assistance	\$		\$
Other:	\$	+ TOTAL EXPENSES	\$
Other:	\$	Minus TOTAL RESOURCES	- \$
TOTAL RESOURCES	\$	Amount Requested <small>(max \$2,000 per Semester or \$1,000 per Quarter)</small>	\$

KTC's Educational grants are based on unmet need. The maximum scholarship is \$4,000 per year (\$2,000 per semester or \$1,000 per quarter). If your unmet need is greater than KTC's maximum scholarship, please indicate in detail how you will cover your remaining financial need.

Knik Tribal Council Personal Development Plan Work & Education



Member Name: _____

PAST EDUCATION AND TRAINING

Highest Grade Completed or GED: _____

Degrees, Licenses, Certificates, Areas Studied: _____

Past Employment Fields: _____

Traditional and Professional Skills / Life Experiences: _____

PRESENT EDUCATION AND TRAINING

School or Training Facility: _____

Program of Study: _____

Current Employment: _____

Hobbies, Interests, Traditional Activities, or Appointed Positions: _____

Current Educational or Workforce Goals: _____

FUTURE EDUCATION AND TRAINING

Career / Skill Interests: _____

Desired Employment: _____

Plans: _____

STEPS TO ACHIEVE GOALS: _____

By signing this document, both parties indicate their understanding and acknowledge their agreements to fulfill the above plan. The member agrees that if any misuse of the funds occur, he or she will be held responsible for repaying the tribe. The member also agrees to provide timely progress reports and receipt of services to the tribe.

Member Signature

E & T Coordinator Signature

Date

Date

Knik Tribal Council
PO Box 871565
Wasilla, AK 99687



Enrollment/Education Departments
Voice: 907-373-7991
Fax: 907-373-2161

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>
_____	_____	_____	_____
Soc Sec. #	Date of Birth		Place of Birth
_____	_____	_____	_____
Sex	Tribe		Degree
_____	_____	_____	_____

FOR ENROLLMENT USE ONLY: DO NOT WRITE BELOW THIS LINE

The individual is

- Yes, enrolled in Knik Tribal Council
- No, not enrolled in Knik Tribal Council
- Provided documentation Certifying Indian Blood & Degree:

Document Identification Agency

Enrollment Department Date



Knik Tribal Council

Uniform Grievance and Appeals Procedure

This procedure is applicable to both employees and services clients who feel they have not received fair and equal consideration for tribal services or job requirements. An employee, regardless of the length of appointment (except employees who have not yet completed 90 days of probation) is covered by the grievance policy. The employee or service applicant shall not be penalized in any way for submitting a grievance/appeal in good faith.

Procedure:

The employee or client should first discuss the alleged unfavorable decision with their supervisor or the staff member involved and if it cannot be resolved at this time, the following procedure shall be taken:

1. The complaint shall be presented to the Educational Coordinator in writing to provide new and compelling information which may help in rendering a new and favorable decision. Assistance by KTC shall be rendered at this stage and any other stage in the process. The Educational Coordinator shall respond in writing within five working days. If a favorable decision is not rendered at this stage, the client may proceed to step two (2).
2. If the response is not satisfactorily resolved or the Educational Coordinator does not respond in five days, the employee or aggrieved party may file a formal grievance with the Executive Director. The employee/participant may make a written request to provide new and compelling information which may help in rendering a new and favorable decision which will be reviewed by the Executive Director. A hearing shall be set up within five working days. A decision shall be issued in writing by the Executive Director within five days. If a favorable decision is not rendered at this stage the client may proceed to step three (3).
3. If the response is not satisfactory or the Executive Director does not respond in five days, the employee or aggrieved party may file a formal grievance with the Independent Appeals Committee. The Independent Appeals Committee consists of no less than three tribal Council Members. The Committee will conduct a thorough and objective review of the grievance and develop a decision. The employee/participant shall be informed of the decision in writing, explaining how the committee came to its conclusion. The decision is final.

All time limits shall be adhered to; however, the time limits may be extended by mutual written consent of both parties in the event of scheduling difficulties. This extension shall not exceed ten (10) working days. In the event the employee/participant does not respond with the time frame established; the grievance shall be considered resolved.

Member Initials: _____ **Date:** _____