

Tanana Chiefs Conference

Higher Education and Adult Vocational Training Grants

Education Department

122 First Avenue, Suite 600

Fairbanks, AK 99701-4897

Phone: (907) 452-8251 Ext. 3185 or Ext. 3032

Toll-free in state: 1-800-478-6822 | Toll-free out of state: 1-800-770-8251

Email: Education_Dept@tananachiefs.org

Purpose

The purpose of the Tanana Chiefs Conference (TCC) Higher Education Grant (HE) and Adult Vocational Training (AVT) programs is to provide financial assistance to eligible tribal members who are enrolled to an accredited university or institution; and who can demonstrate financial need. The funding is supplemental. Applicants are required to apply for all available state, federal and private financial aid; and utilize all available student and family resources.

Application Deadlines

- **April 30** Academic year
- **November 15** Spring deadline
- **March 15** Summer deadline (needs justification)

Submission Requirement

It is the student's responsibility to contact Tanana Chiefs Conference to ensure his/her file is complete and submitted or postmarked by the appropriate deadline. Applications need original signature. **TCC does not accept faxed applications.**

Check List of REQUIRED documents

- TCC application packet with all fields completed. Students must maintain full or part-time status, as selected.
- Complete the FAFSA. Website: www.fafsa.gov
- Official Transcripts
- Copy of Diploma/GED or High School transcript
- Acceptance Letter from your HE or AVT Institution
- Tribal Enrollment Card or a verification of Alaska Native Ancestry
- Two letters of recommendation
- Statement of purpose (typed, if possible)
- Class Schedule
- Completed Budget Forecast provided by institution

Higher Education/AVT - Tribes covered

For the 2020-21 academic year, TCC provides higher education funding consideration to tribal members enrolled to:

- Birch Creek
- Circle
- Huslia
- Minto
- Nenana
- Takotna
- Tetlin
- At-Large Shareholders of Doyon Limited (Class B)

- Tribal members residing in Fairbanks (AVT only).
- Graduate students contact the American Indian Graduate Center (www.aigc.com). TCC has no funding for graduate studies.

Academic Requirements

- A 2.0 GPA (grade point average) must be maintained.
- Not meeting a 2.0 will result in Academic Probation.
- Academically disqualified students will not be funded.

Official Grade Transcripts

Provide one of the following that applies to your current application:

- An official copy of your high school transcripts or General Education Diploma (GED) scores if you are an entering college freshman/new AVT student; or
- Most recent copy of college transcript

Eligibility

To be eligible for a higher education grant or AVT funding, an applicant must be:

- An enrolled tribal member or one-fourth (1/4) or more degree Native blood.
- An enrolled member of a tribe, or an at-large member of Doyon (Class B).
- In financial need as determined by the college or institution.
- Eligibility shall be determined by the Education Department.

Notifications and Payment of Awards

TCC's education staff will notify applicants in writing as to the approval or disapproval of their application. Notifications to applicants of approved applications will specify the amount of individual awards; or reason for denial.

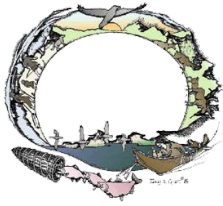
For Higher Education students:

Full time students (12+ credits) will receive \$2,000.00

Part time students (6-11 credits) will receive \$1,000.00

AVT funds vary according to program and need.

Payment/awards will be sent to the financial aid office of the institution that the student will be attending.



Tanana Chiefs Conference Application for Service

Education Department
 122 First Avenue, Suite 600, Fairbanks, AK 99701-4897
 Phone: (907) 452-8251 Ext. 3185 or Ext. 3032
 Toll-free in state: 1-800-478-6822 | Toll-free out of state: 1-800-770-8251
 Email: Education_Dept@tananachiefs.org

Date received by TCC:

Which service are you applying for (mark one): Higher Education Adult Vocational Training

APPLICANT INFORMATION

Name: (First)		(Middle)	(Last)	III, Jr., Sr...	
Maiden Name or other names used:		Social Security Number:		Date of Birth (mm/dd/yyyy):	
Mailing Address:			City:	State:	Zip:
Physical Address:			City:	State:	Zip:
Home Phone:		Message Phone:		Email address:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Regional Corporation:			Are you an "At-Large" (Class B) shareholder of Doyon Limited? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age, or older, and still living with your parents, or guardians AND claimed on their previous income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you moved into the TCC Region within the last 30 days? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you a member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" what tribe? (Often referred to as "Native Village of ___"):				Veteran: <input type="checkbox"/> Yes (date of discharge: _____) <input type="checkbox"/> No	

Permanent Contact

Provide the following information on an individual who does not live with you, but who knows how to contact you if you move.

Contact Name:		Phone:	Email address:
Mailing Address:		Relation to you:	

Educational Background

High School Attended:		Highest Grade Finished in High School: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th			
Last Year Attended School:	Date of Graduation:	Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date received GED:	
College(s)/Vocational Schools Attended:	Mailing Address:	Dates Attended:		Credits Earned:	
College(s)/Vocational Schools Attended:	Mailing Address:	Dates Attended:		Credits Earned:	

Currently Employed Yes No

Employer/Company Name:			Phone number:		
Company Address:		City:	State:	Zip Code:	

Hourly Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# hours per: _____ <input type="checkbox"/> per day / <input type="checkbox"/> per week	Hourly wage:	Employed since:
Salaried Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	# hours: _____ Are your hours: <input type="checkbox"/> bi-weekly <input type="checkbox"/> per month	Gross pay per pay period:	

Higher Education or Adult Vocational Training Information

(If you are applying for Adult Vocational Training funding, you must also complete "Dependents" section)

HIGHER EDUCATION Applicants Only		ADULT VOCATIONAL TRAINING Applicants Only	
Undergraduate status during academic year (check one): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		<input type="checkbox"/> First year <input type="checkbox"/> Second year	
Name of School you will be attending:		Type of School: <input type="checkbox"/> University <input type="checkbox"/> Community College <input type="checkbox"/> Vocational	
Mailing Address:			
Student Status during Grant/Scholarship period: <input type="checkbox"/> Full-time (12+ credit hours) <input type="checkbox"/> Part-time (6-11 credits) <input type="checkbox"/> other		School Calendar Year: <input type="checkbox"/> Semester based <input type="checkbox"/> Trimester <input type="checkbox"/> Quarter <input type="checkbox"/> Other	
Academic Year for which this application applies: 20_____ to 20_____		Dates of attendance for this application: Beginning: (mm/yy) _____ To: _____	
Field of study or training:	Degree being sought (Certificate, Associates, BA, BS, etc.):	Estimated date of graduation:	
While in school, you will live: <input type="checkbox"/> on campus <input type="checkbox"/> with parent/guardian <input type="checkbox"/> rent <input type="checkbox"/> other: _____			

FOR ADULT VOCATIONAL TRAINING APPLICANTS ONLY

Dependents (list all people who live in your home, use back of this form if you need more space)

First Name	Last Name	Relationship to you	Birth Date	Sex Male (M) Female (F)	Disabled Y or N	Veteran Y or N	Member of Federally Rec Tribe Y or N	Tribal Affiliation (see code below)	Highest Grade Completed

Tribal Affiliation: Alatna (ALA), Allakaket (ALL), Anderson (AND), Anvik (ANV), Arctic Village (ARC), Beaver (BEA), Birch Creek (BIR), Canyon Village (CAN), Central (CEN), Chalkyitsik (CHA), Circle (CIR), Dot Lake (DOT), Eagle (EAG), Evansville (EVA), Fort Yukon (FOR), Galena (GAL), Grayling (GRA), Healy Lake (HEA), Holy Cross (HOL), Hughes (HUG), Huslia (HUS), Kaltag (KAL), Koyukuk (KOY), Lake Michumina (LAK), Manley Hot Springs (MAN), McGrath (MCG), Medfra (MED), Minto (MIN), Nenana (NEN), Nikolai (NIK), Northway (NOR), Nulato (NUL), Other (OTH), Rampart (RAM), Ruby (RUB), Shageluk (SHA), Stevens Village (STE), Takotna (TAK), Tanana (TAN), Tanacross (TAC), Telida (TEL), Tetlin (TET), Venetie (VEN)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the TCC Education Department to release the following information for educational opportunities and to announce my graduation for publications (select all that apply):

- Name Degree Sought Contact Information Photo (if available)

CERTIFICATION

I certify to the best of my knowledge that the information on this application is accurate and true. I understand that the information is subject to verification. I further certify that any funds received under the TCC Education Department, will be used solely for expenses related to my attendance at the institution listed on this application.

Legal Signature of Applicant

Date

Applicant Name: _____

Statement of Purpose

NEW APPLICANTS: Describe your personal history, a summary of accomplishments and a description of your educational and career goals. **Explain how you intend to use your education to contribute to your tribe.**

RETURNING STUDENTS*: Update your educational and career goals. What new information do you have about your career and educational goals?

*Continuing undergraduate applicants who meet the academic requirements will be funded first, with priority given to juniors and seniors.

Medical Coverage While in School

1. Tanana Chiefs Conference (TCC) will not be responsible for any medical bills incurred by applicants in the Adult Vocational Training (AVT) Program or TCC Higher Education (HE) Program or persons currently receiving financial assistance under any of these programs.
2. Any applicant who wishes to attend a college/university, vocational, technical or trade school outside of Alaska should have the protection of a Medical Surgical insurance policy with a bona fide company. If a student plans to utilize a health insurance policy through a college/university or vocational /technical or trade school, he/she must insure that the cost is included in the financial need analysis.
3. If the applicant does not subscribe with an individual insurance company, he/she should apply to Chief Andrew Isaac Health Center for a Student Medical Packet by contacting: CAIHC Purchase Referred Care, ATTN: Rachel Wood, 1638 Cowles Street, Fairbanks, Alaska 99701, 1-800-478-7822 . If you are a full-time student in a vocational, technical, or academic program, you may be eligible for purchase referred care health services while you are in school (including normal school breaks) and up to 180 days after completion of your course of study.

Privacy Act Notice (PL 93-579)

The U.S. Congress has passed a law that states every federal agency maintaining records about people to inform each person, from whom information is obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Tanana Chiefs Conference Education Assistance Office since we have a contract with the U.S. Department of the Interior, Bureau of Indian Affairs.

The purpose of the forms and questions asked of you is to enable us to organize, staff and provide comprehensive employment and vocational training services to the people we serve. In most instances you may choose not to answer the questions if you so desire, without risk to your rights and entitlements. However, by giving the information requested of you, we will be able to carry out our responsibilities to you more effectively, and render better services.

Information provided by you is held in confidence, and is only made available to other employees and other related agencies that have a need to know in the performance of their duties. In addition, certain data may be provided to local, state, federal and other health and welfare facilities and agencies on a need-to-know basis for continuation of services, to provide for a proper evaluation of your case file and for reporting as required by the Bureau of Indian Affairs.

Data may also be made available to approved accreditation agencies and performance standard review organizations for evaluation of our system; to authorized research personnel with an approved research protocol when no personal identification is included, and to the Department of Justice or other law enforcement agencies.

I certify that I understand the authority by which information is asked of me, and the purpose and uses to which that information will be put, and that providing any information is voluntary on my part.

Signature of Applicant

Date

Name of Applicant (Print)