

**TANANA CHIEFS CONFERENCE**  
Education Professional Scholarship Application  
122 1<sup>st</sup> Avenue, Suite 600  
Fairbanks, AK 99701  
Phone: (907) 452-8251 Ext. 3185  
Toll-free in state: 1-800-478-6822 | 1-800-770-8251  
Email: education\_dept@tananachiefs.org

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## TCC COMPETITIVE AVIATION SCHOLARSHIP

### **PURPOSE**

Tanana Chiefs Conference (TCC) has a scholarship opportunity to assist Tribal Members in supporting their goal of obtaining a degree in Piloting or Aviation related careers. This scholarship assists in raising the number of professional pilots and others in aviation related careers, individuals with these degrees are in high demand in Alaska and are a priority for the TCC region tribes.

### **AWARD**

This is a competitive based scholarship for tribally enrolled Alaska Natives that reside in one of the 42 Tanana Chiefs Conference communities. If chosen, recipients may receive up to a total of \$15,000 for the academic year — up to \$7,500 per semester. Note: Flight training may be included if integral to curriculum.

One applicant will be selected.

### **SUBMISSION REQUIREMENTS**

To be considered for the **Aviation** scholarship, applicants must have all required documents in by April 30. Preference will be given to applicants that indicate they want to work in Interior Alaska.

- Tribal ID card (or proof of enrollment from a Tribe within the TCC region).
- Be enrolled in or accepted into a piloting or aviation related program at an accredited college/university or other institute.
- Enrolled in a minimum of 6 credits.
- 500-word essay outlining your educational and professional goals (attached to the application, typed, double spaced, 12 pt. font). *This is the most crucial element of your application, please give it special attention.*
- Proof of a completed FAFSA application.
- Transcripts - at the conclusion of each semester. For recent high school graduates, please provide an official transcript.
- Reference letter (from a non-family member professional, e.g. employer, principal, academic advisor)

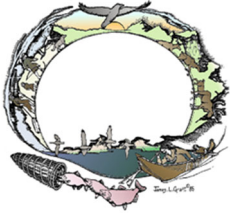
### **ANNUAL REQUIREMENTS OF AWARD RECIPIENTS**

- Maintain a 2.5 GPA
- Letter of intent and goals for fall semester, and letter of progress and goals for spring semester
- Transcript
- Class schedule
- DegreeWorks (or similar) report (showing completion toward degree) at the end of each Spring semester

### **NOTIFICATION OF AWARDS**

All applicants will receive a letter notifying them the outcomes of their application. If chosen, the award will be distributed to the listed school's Financial Aid Office.

If you have any questions related to this scholarship opportunity, please contact the Education Program at education\_dept@tananachiefs.org or (907) 452-8251, ext. 3185.



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**COMPETITIVE AVIATION SCHOLARSHIP APPLICANT INFORMATION**

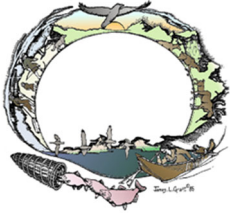
Name (Last, First, M.I.)		Suffix, (III, Jr., Sr.)	
Maiden Name or other names used:	Social Security Number:		Date of Birth:
Mailing Address:		City:	State:      Zip:
Physical Address:		City:	State:      Zip:
Home Phone:	Message Phone:	Email Address:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Regional Corporation (example, Doyon):	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" date of discharge:	
Are you a member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" what tribe?			
Are you 18 years of age, or older, and still living with your parents or guardians <b>and</b> claimed on their previous income tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EDUCATION BACKGROUND**

High School Attended:		Highest Grade Finished in High School: <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>	
Last year attended:	Date of Graduation:	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED      Date GED Received:	
College/Vocational Schools Attended:	City/State:	Dates Attended:	Credits Earned:
College/Vocational Schools Attended:	City/State:	Dates Attended:	Credits Earned:

**CURRENT EDUCATIONAL ENROLLMENT**

Name of Institution you will be attending:	Academic Year: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
Mailing Address:	



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Student Status for current academic period: <input type="checkbox"/> Full-time (12+ Credit hours) <input type="checkbox"/> Part-time (6-11 Credit Hours)		School Calendar Year: <input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Quarter
Academic Year For Which This Application Applies: 20____ to 20____	Field of Study (Major):	Estimated Graduation Date:
Degree being sought: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's  <input type="checkbox"/> Professional License/Certification (list type):		Total Flight Hours (if applicable):
List all held aviation licenses and ratings (if applicable):		
Living Situation While in School: <input type="checkbox"/> On Campus <input type="checkbox"/> With Parent/Guardian <input type="checkbox"/> Rent <input type="checkbox"/> Other:		

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Media Release**

*I hereby grant Tanana Chiefs Conference (TCC) and their assigns, licenses, and legal representatives the irrevocable right and permission: to use my name, photo, portrait, video, image or voice in all forms and media and in all manners. I waive any rights to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also agree that this releases TCC, and any of its representatives, from any and all monetary obligations or payments for use of my video, films, photographs, image and/or voice. (To **opt out**, please initial here: \_\_\_\_\_)*

*I have read the above authorization release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives, and assigns.*

\_\_\_\_\_  
 Signature (parent or guardian if under 18)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
*If signed by parent/guardian, please print name*

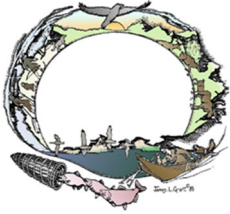
**CERTIFICATION**

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 receive from Tanana Chiefs Conference, will be solely used for expenses related to my attendance at the institute listed on this application.

\_\_\_\_\_  
 Signature (parent or guardian if under 18)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
*If signed by parent/guardian, please print name*



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**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 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 entitlement. 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 systems; 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

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
*If applicant is under 18, signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Parent/Guardian*