

**Beaver Village Council
Higher Education Grant Program**

STUDENTS ARE REQUIRED TO UTILIZE ALL AVAILABLE STUDENT AND FAMILY RESOURCES BEFORE FUNDING FROM THE BEAVER VILLAGE COUNCIL CAN BE CONSIDERED.

1. PURPOSE

The purpose of the Beaver Village Council Higher Education Grant Program is to FINANCIALLY ASSIST eligible Beaver Village Council and Doyon members who are enrolled in an accredited college or university, and who can demonstrate FINANCIAL NEED.

2. ELIGIBILITY

To be eligible for a grant an applicant must be:

- A. One-fourth or more degree Native Blood; if less than one-fourth you must be enrolled to a tribe or village.
- B. Enrolled to Doyon or member of the Beaver Village Council.
- C. IN FINANCIAL NEED AS DETERMINED BY THE COLLEGE OR UNIVERSITY AFTER THE FOLLOWING SOURCES OF FUNDING ARE UTILIZED:
 - a) Grant and scholarships from colleges, private and foundation grants and scholarships,
 - b) State and federal sources.
 - c) Personal and/or family contributions.

D. ALL STUDENTS MUST APPLY FOR A PELL GRANT.

3. Determination of Eligibility

The responsibility for determining an applicant's eligibility shall be with the staff of the Beaver Village Council.

4. Standards FOR GRANT APPLICATION AND FUNDING

- A. All applicants must have completed grant application packet for the school year.
- B. Continuing undergraduate applications who meet the academic requirements will be funded first, with priority being given to seniors and juniors.
- C. Graduate students may be funded if funds are available and all other resources have been exhausted.

5. APPLICATION DEADLINE

The grant application and all other required items must be in the Beaver Village Council Office no later then:

APRIL 15TH	for students planning to begin the school year at the Fall Term.
NOVEMBER 15TH	beginning school in the spring semester, or winter or spring quarter (these applications will be considered pending the availability of funds)
MARCH 15TH	for students wishing to attend summer school only (these applications will need to be accompanied by a written justification for the need of summer school).

6. ACADEMIC REQUIREMENTS AND PROGRESS EVALUATIONS

- A. For continuation of funding under the Beaver Village Council Higher Education Grant Program, students must maintain a minimum of 2.50 GPA (grade point average) while earning no less than an average 12 credit hours per term.
- B. All students who have been funded by Beaver Village Council for an excess of two (2) years will have their college transcripts reviewed for purpose of evaluation the student's progress and to determine if the student is making a sincere effort to complete his/her educational goals
- C. Part-time students will be funded for tuition and books only.

7. NOTIFICATIONS AND PAYMENT OF AWARDS

As soon as it is practically possible, given the circumstances associated with the funding cycle, the Beaver Village Council Educational Services staff will notify applicants in writing as to the approval of disapproval of their application.

Payment/Awards will be sent to the FINANCIAL AID OFFICE of the institution that the students will be attending. Such award will be in the student's name, in care of the institution

Beaver Village Council
School Year _____

1. Last Name	First Name	MI	Maiden Name	2. Social Security #	3. Date of Birth
4. Permanent Mailing Address			City or Town	State	Zip Code
5. Current Mailing Address			City or Town	State	Zip Code
6. Martial Status			7. Number of Dependents	8. Sex	9. Are you a veteran
					9a. Current Email Address
10. Regional Native Corporation Enrolled to:			11. Village Corporation Enrolled to:		12. Degree of Native/Indian
13. High School Graduated from: Name			13a. Type of school Public ___ BIA ___		13b. GED State
Address			Private/Mission		Date
Graduation date					
14. College(s) Attended:	Name(s)		Address(s)		Date(s) attended
					Credits(s) Earned
15. Academic Year for which this application applies (check only one):					
UNDERGRADUATE		Freshman	Sophomore	Junior	Senior
Or GRADUATE YEAR		1 st	2 nd	3 rd	4 th
16. Name and Address of SCHOOL YOU WILL BE ATTENDING:					
NAME:			ADDRESS:		
17. Type of school (listed in # 16)					
Junior College		Private/sectarian	University/4-year college		18. School Calendar Year
					Semester Trimester Quarter
19. Major COURSE of study (please specify)			20. DEGREE being sought		21. Estimated date of graduation:
					Month Year
22. While in school, you will live with (check one):					
Family		On Campus	23. Student Status during Grant/ scholarship period		24. Date of Attendance for this application is valid
Off campus			Full Time Part Time		from: Month Year
					To Month: Year
25. Tuition \$ Student \$ Scholarships\$					
Student Fees \$		Parent or Spouse\$		College \$	
Books and Supplies\$		Federal and Campus Based Aid:		Other (Specify) \$	
Room/Rent \$		Pell \$		\$	
Board \$		VA\$		\$	
Personal \$		Other (Specify)		MISC. /OTHER (Specify)	
TOTAL COST \$		\$		\$	
		\$		\$	

26. My signature below certifies that I have read understand and agree to the conditions and authorizations stated in the “Applicant’s Certification” Privacy Act Notice”, and “Additional Required Items”

Signed: _____ Date: _____

Applicant Certification

I certify that the information contained in this application is true, complete and correct to the best of my knowledge and belief and is made in good faith. I, further certify that I will use any funds that I might receive pursuant to this application solely for the expenses related to attendance at the educational institution named on this form for the academic period covered by this application. I understand that I am responsible for repaying any funds I receive which cannot reasonably be attributed meeting my educational expenses at the educational institution named on this form.

PRIVACY ACT NOTICE

Public law 93-579: The Privacy Act of 1974 (5 USC 55a) requires Beaver Village Council to inform each person, from whom information is obtained, about the nature and purpose of the records. This includes Higher Education records maintained by Beaver Village Council, Tanana Chiefs Conference Education Services, and 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 higher education services to the people we serve. By giving the information we requested of you, we will be able to carry out our responsibilities to you more effectively and efficiently.

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 proper evaluation of you 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 organization for evaluation of our system; to authorized research personnel with an approved research protocol when no personal identification data is included, and to the Department of Justice or other law enforcement agencies.

ADDITIONAL REQUIRED ITEMS

In addition to completing this application, you are required to submit additional items and information in order for you to have a completed file.

All new applications must have:

- € **OFFICIAL High School Transcripts or OFFICIAL College Transcripts**
- € **High School Diploma**
- € **CIB Card**
- € **Letter of Acceptance from the school**
- € **Letter of Educational Goals**
- € **2 Letters of Recommendation**
- € **Financial Aid Needs Assessment from your school**

NO REVIEW OF APPLICATION IN REGARDS TO DETERMINING GRANT OR SCHOLARSHIP AWARDS CAN BE DONE UNTIL YOUR FILE IS COMPLETE.

By signing this application, you are agreeing to submit, or have submitted, all items information

necessary to have a complete and reviewable file.

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

I hereby authorize the release of any information for the reason cited above.

Student Signature

Date

Student- DO NOT WRITE BELOW THIS LINE

For BEAVER VILLAGE COUNCIL to complete:

Stockholders Name: _____

Social Security Number: _____

Enrollment Number: _____

Date of Birth: _____

According to our records, the above referenced individual is enrolled to Beaver Village Council. His/Her blood quantum is: _____ (Alaska Indian or Eskimo).

Beaver Village Council Representative Signature

Date

Re: MEDICAL ATTENTION

Dear Student;

This letter is to inform you of the policy concerning Health and Medical Services Coverage. Please be advised of the following:

1. Beaver Village Council will not be responsible for any medical bill incurred by applicants in the Adult Vocational Training (AVT) Program or Beaver Village Council's Higher Education Program, or persons who are currently receiving financial assistance under any of the above-mentioned 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 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.

CAIHC Contract Health
1408 19th Avenue
Fairbanks, AK 99701
Phone: (907) 451-6682
Toll Free: (800) 478-6682
Fax: (907)459-3811

4. All applicants must have proof of coverage concerning some type of medical insurance in their educational files.

Thank you for your cooperation and assistance.

Sincerely,

Rhonda Pitka
Chief
Beaver Village Council

I, undersigned, acknowledge that I have read, understood, and received a copy of this letter. I therefore, understand that the Beaver Village Council will in no way be responsible for any medical bills that I may incur while I am participant in their program.

Participant Signature

Date

LETTER OF EDUCATIONAL GOALS

APPLICATION INSTRUCTIONS: In the space provided below (use the reverse side if you need more room), write a concise, essay type narrative stating why you want to go to college, and what you feel are your personal characteristics that would make you a good college candidate. The type of things we would like to see discussed includes:

1. Reason for wanting to go to college;
2. What your course of study is;
3. When you plan to graduate;
4. Goals after graduation;
5. How your course of study will apply to your goals;
6. What you plan to do with your education that make you a good grant candidate;
7. Personal strengths and positive characteristics that make you a good grant candidate;
8. Extra-curricular and community involvement/ activities;
9. Awards and special recognitions received.

Return this form along with your completed application or separately (but before the application deadline) to Beaver Village Council.

Signature

Date

Printed Name

LETTER OF RECOMMENDATION

Applicants Name;_____

* RECOMMENDER INSTRUCTIONS: The person listed above is applying for participation in the Beaver Village Council higher education grant program. In the space provided below, please give your best recommendation of the application using the following criteria.

* Relatives or friends cannot complete Recommendation.

1. Academic capabilities
2. Ability to successfully complete undertakings
3. Personal character
4. Leadership potential
5. School and/ or community involvement

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Signature of Recommender

Date _____

Title of Recommender

LETTER OF RECOMMENDATION

Applicants Name;_____

* RECOMMENDER INSTRUCTIONS: The person listed above is applying for participation in the Beaver Village Council higher education grant program. In the space provided below, please give your best recommendation of the application using the following criteria.

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Signature of Recommender

Date _____

Title of Recommender

**BEAVER VILLAGE COUNCIL
P.O. BOX 24029
BEAVER, ALASKA 99724
PHONE (907) 628-6126
FAX (907) 628-6815**

TRANSCRIPT RELEASE FORM

Date:

To whom it may concern:

This is my authorization to you, for my release of my grades. Please forward an official transcript to the Beaver Village Council at the above address.

Print Name

Signature

Social Security #

Date of Birth

SCHOOL: _____

ADDRESS _____

CITY: _____

STATE/ZIP: _____

ADDITIONAL INFORMATION

Last Year Attended: _____

Maiden or Other Name Used While Attending School: _____

Budget Forecast/Needs Analysis Request Form

Student: Turn into your Financial Aid Office.

Student Information

Student Name: _____

Student ID: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (____) _____

Release of financial aid information is requested for:

Fall _____ Fall/Spring _____ Spring _____

Spring/Summer _____ Summer _____

I hereby authorize release of financial and academic information to the Beaver Village Council.

Student Signature: _____ Date: _____

Please Return Financial Aid Needs Analysis To:

Beaver Village Council
PO BOX 24029
Beaver, AK 99724
Phone (907) 628-6126
Fax (907) 628-6815