



# Gwichyaa Zhee Gwich'in Tribal Government (GZGTG)

## Higher Education Grant Program

POB 126 Fort Yukon, AK 99740

Phone: (907) 662-2581

Fax Number: (907) 662-2222

Email: [education@fortyukon.org](mailto:education@fortyukon.org)

## Higher Education Application

### Purpose

The purpose of the GZGTG Higher Education (HE) scholarships are to provide supplemental financial assistance to eligible tribal members who are in a degree seeking program at an accredited university or institution. Applicants are expected to apply for all available state, federal and private financial aid; and utilize all available student and family resources.

### Application Deadlines:

- **July 30** Fall Semester
- **December 15** Spring Semester

### Submission Requirement

It is the student's responsibility to contact GZGTG to ensure his/her file is complete and submitted by the appropriate deadline. Applications need an original signature. **Emailed or mailed applications preferred.**

### Criteria

To be eligible for GZGTG Education Grants, an applicant must:

- Be an enrolled tribal member of GZGTG
- Have a High School diploma or GED
- Show financial need after grant and scholarship from colleges, private, state, federal, personal and family sources are utilized

Eligibility shall be determined by the GZGTG Education Department Staff and/or the Education Committee.

### Check List of REQUIRED documents

- Application with all fields and sections completed
- Official Transcripts
- Official Acceptance Letter (from institution)
- Tribal Enrollment Card or Letter
- Class Schedule (for the semester to be funded)
- Completed Budget Forecast/Need Sheet provided by institution and copy of proof of filing of the FAFSA
- Signed FERPA release form for your institution

### Academic Requirements

- Maintain GPA (grade point average) of 2.0 or greater.
- Graduate students: maintain GPA of 3.0 or greater.
- Students must maintain full or part-time status, as indicated on their application. Any status changes during the semester must be reported to GZGTG Education staff as soon as there is a change.

Not meeting a 2.0 will result in Academic Probation.

Academically disqualified students will not be funded for the current semester.

### Official Transcripts

If this is your first time enrolled in college an official copy of your high school transcripts must be provided.

If you have taken classes in the past, please provide an official transcript from the institution you attended.

### Notifications and Payment of Awards

Education staff will notify applicants in writing as to the approval or denial of their application. The notification will specify the funding award amount or the reason for denial.

*Amounts to be determined. Check with the Education staff on the approved amounts.*

Grants are subject to change depending on available funding.

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

### Progress Evaluation

Students who have been funded by GZGTG in excess of two years will have their transcripts reviewed for purpose of evaluating the student's progress and demonstrated effort to complete his/her educational goals.

### Appeal Process

A letter of appeal can be sent to the Tribal Operations Director, which will then be reviewed by the Education Committee.



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### APPLICANT INFORMATION

Name: (First)	(Middle)	(Last)	III, Jr., Sr...
Maiden Name or other names used:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):
Mailing/Permanent Address:		City:	State: Zip:
Address while attending schooling:		City:	State: Zip:
Home Phone:	Message Phone:	Email address:	

#### 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:	Date of Graduation:	Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Date GED received:	
College(s)/Vocational Schools Attended:	Mailing Address:	Dates Attended:	Credits Earned:
College(s)/Vocational Schools Attended:	Mailing Address:	Dates Attended:	Credits Earned:
College(s)/Vocational Schools Attended:	Mailing Address:	Dates Attended:	Credits Earned:

## College, University Information

Undergraduate status during academic year (check one): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior				Graduate status during academic year (check one) <input type="checkbox"/> Year one <input type="checkbox"/> Year two	
Name of School you will be attending:		Type of School: <input type="checkbox"/> University <input type="checkbox"/> Community College <input type="checkbox"/> Online Program			
School/Institution's Mailing Address:     					
Student Status during Grant/Scholarship period: <input type="checkbox"/> Full-time (12+ credit hours) <input type="checkbox"/> Part-time (6-11 credits)			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:	

## **STATEMENT OF PURPOSE - REQUIRED**

Describe your personal history, a summary of accomplishments and a description of your educational and career goals.

## **FOR ALL APPLICANTS:**

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the GZGTG Education program to release the following information (*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 from GZGTG will be used solely for expenses related to my attendance at the institution listed on this application.

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**Legal Signature of Applicant**

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Date

## **Medical Coverage While in School**

1. GZGTG will not be responsible for any medical bills incurred by applicants in the Higher Education (HE) Program currently receiving financial assistance under any of these programs.
2. Any applicant who wishes to attend a college/university outside of Alaska should have the protection of a Medical Surgical insurance policy with a legitimate company. If a student plans to utilize a health insurance policy through a college/university, he/she must ensure 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, 1638 Cowles Street, Fairbanks, Alaska 99701, 1-800-770-8251, ext. 3613. If you are a full-time student in an academic program, you may be eligible for purchase and 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.

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### **Privacy Act Notice (PL 93-579)**

The Privacy Act of 1974 (Public Law 93-579) grants you specific rights regarding your personal information held by the GZGTG Education program.

Under the Privacy Act of 1974, you have the right to:

- Be informed about the nature and purpose of records collected about you by GZGTG Education program for use in scholarship determination.
- Access and review your records maintained by GZGTG.
- Request corrections to any inaccurate or incomplete information in your records.
- Understand that providing information is voluntary in most cases but may affect the services GZGTG can provide.
- Know that your information is confidential and only shared with authorized personnel on a need-to-know basis.
- Be aware that your data may be used for research, evaluation, or law enforcement purposes, but only under specific conditions.
- Refuse to provide information without risking your rights and entitlements in most instances.

By submitting information for GZGTG scholarship funding, you acknowledge these rights and consent to the collection and use of your data as described.

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Signature of Applicant

Date

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Name of Applicant (Print)