

Nulato Tribal Council

Higher Education and Adult Vocational Training Grants

P.O. Box 65049 Nulato AK 99765
Phone: 907-898-2339
nulatotribe@hotmail.com



Purpose

The purpose of the Nulato Tribal Council's Higher Education (HE) and Adult Vocational Training (AVT) 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

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

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

Check List of REQUIRED documents

- Application with all fields and sections completed.
- Official Transcripts
- Official Acceptance Letter (from institution)
- Tribal Enrollment Card (or verification of Alaska Native Ancestry)
- 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

CRITERIA

Nulato Tribal Council provides **higher education and adult vocational training** funding consideration (regardless of residency) to:

To be eligible for **higher education** funding an applicant must provide verification of **enrollment (or direct lineage)**.

Adult Vocational Training Eligibility

Applicant must provide:

- verification of enrollment in a federally recognized tribe, **or** a copy of their BIA Certificate of Indian Blood Card (CIBC).

Eligibility shall be determined by the Education Department.

ACADEMIC REQUIREMENTS

- Maintain GPA (grade point average) of 2.0 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 Nulato Tribal Council's 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.

Official Transcripts

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

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

Eligibility shall be determined by the Education Department.

Notifications and Payment of Awards

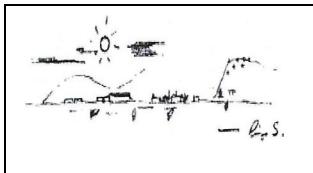
Education staff will notify applicants in writing as to the approval or denial of their application. The notification will specify the funding award amount or the reason for denial.

For Higher Education students:

- Full-time students (12+ credits) receive \$1,000.00
- Part time students (less than 12 credits) receive \$500.00

AVT funding varies according to program and need.

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



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

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/Permanent Address: | | City: | | State: | Zip: |
| Address while attending schooling: | | 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 | | |
| Veteran: <input type="checkbox"/> Yes (date of discharge: _____) <input type="checkbox"/> No | | Have you moved into the village within the last 30 days? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| What federally recognized tribe are you a member of? (Often referred to as "Native Village of ___"): | | | | | |
| 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: |

Currently Employed: Yes No If "Yes," do you work full time or part time? Full time Part time

College, University or Vocational Training Center Information

| | | | | | | | |
|---|--|---|--|---|-------------------------------|--|--|
| HIGHER EDUCATION 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 | | | | ADULT VOCATIONAL TRAINING Applicants Only <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 <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) <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, where you will live: <input type="checkbox"/> on campus <input type="checkbox"/> with parent/guardian <input type="checkbox"/> rent <input type="checkbox"/> other: _____ | | | | | | | |

STATEMENT OF PURPOSE - REQUIRED

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 community.**

FOR ALL APPLICANTS:

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Nulato Tribal Council 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 Nulato Tribal Council will be used solely for expenses related to my attendance at the institution listed on this application.

Legal Signature of Applicant

Date

Medical Coverage While in School

1. Nulato Tribal Council will not be responsible for any medical bills incurred by applicants in the Adult Vocational Training (AVT) Program or Higher Education (HE) Program or by 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 legitimate company. If a student plans to utilize a health insurance policy through a college/university or vocational /technical or trade school, 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 a vocational, technical, or 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.

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 Nulato Tribal Council's 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 Nulato Tribal Council's Education program for use in scholarship determination.
- Access and review your records maintained by Nulato Tribe's Higher Education Department.
- 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 Nulato Tribal Council 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 Nulato Tribal Council's scholarship funding, you acknowledge these rights and consent to the collection and use of your data as described.

Signature of Applicant

Date

Name of Applicant (Print)