



BRISTOL BAY NATIVE ASSOCIATION

Education BIA Grants

ELIGIBILITY REQUIREMENTS: The Education Program may provide a BIA grant to Alaska Native students who meet the following requirements:

Prove tribal affiliation with a BBNA compacting tribe who is at least 1/4 degree Indian, Eskimo, or Aleut blood descendant of a member of a tribe who has an authorizing resolution to BBNA.

BBNA accepts Higher Education applications from full time and part time students who are in need of financial assistance to attend various schools that have college degree programs. The requirements of eligibility are:

- Provide proof of tribal enrollment status in one of the following communities:

Bristol Bay Villages:

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake
Clarks's Point	Dillingham	Egegik	Ekwok
Ekuk	Igiugig	*Iliamna	Ivanof Bay
Kokhanok	King Salmon	Koliganek	Levelock
Manokotak	Naknek	Newhalen	New Stuyahok
*Nondalton	*Pedro Bay	Perryville	Pilot Point
Portage Creek	Port Heiden	South Naknek	*Togiak
Twin Hills	Ugashik		

*Can not provide higher education services please contact tribal council

- Complete BBNA Higher Education Application
- Complete Free Application for Federal Student Aid
- Submit a copy of the Student Aid Report (SAR)
- Provide a copy of your high school diploma or GED or a copy of your most recent educational or vocational transcripts
- Acceptance letter from an accredited institution
- Copy of tribal card

Mail completed applications to:

**Bristol Bay Native Association
Workforce Development Center
Higher Education Program
PO Box 310
Dillingham, Alaska 99576**

**Deadlines: August 15 to be considered for Fall grants and
December 15 to be considered for Spring grants**

BBNA Higher Education Grants

PERSONAL INFORMATION:

Name: _____ Maiden Name: _____

SSN: _____ Date of Birth: _____

Mailing Address: _____ Telephone: _____

_____ Email: _____

Permanent Address: _____ Veteran: Yes No

_____ Gender: Male Female

Emergency Contact Name, Address/Phone _____

Marital Status: Single Married Divorced Separated Living together as a couple

Other Household Members:

NAME	BIRTHDATE	SEX	RELATION TO APPLICANT	SOCIAL SECURITY #

Are you currently employed? Yes No Employer _____

Are you tribally enrolled? Yes No Name of Village enrolled in: _____

Barriers to employment:

- | | |
|---|---|
| _____ 1. Single Head of Household | _____ 10. Currently employed/low income |
| _____ 2. Limited English proficiency | _____ 11. Not in Labor Force |
| _____ 3. Disabled Individual | _____ 12. High School Dropout/No GED |
| _____ 4. Offender | _____ 13. Math skills below 7 th grade level |
| _____ 5. Reading Skills below 7 th grade | _____ 14. Long term TANF (AFDC recipient) |
| _____ 6. Public Assistance (Food Stamps, GA, etc) | _____ 15. Lacks significant work history |
| _____ 7. TANF recipient | _____ 16. Homelessness |
| _____ 8. Last employment date _____ | _____ 17. Substance Abuse Issues |
| _____ 9. Unemployment 15+ weeks | _____ 18. Pregnant Parenting Teen |

SCHOOL INFORMATION

High School Graduation or GED Date: _____

High School or GED location: _____

Class Standing:

- Freshman, first time in College
- Freshman, transferring or continuing
- Sophomore
- Junior
- Senior
- Masters or Graduate

Enrollment Status

- Full Time (At least 12 credits or more)
- Part Time (At least 6 or more credits)

Semesters/Quarters you will attend

- Fall Winter
- Spring Summer

Institution you plan on attending: _____

(You must attach letter of acceptance)

Address _____

Financial Aid Office Address: _____

Major: _____

Minor: _____

Expected Graduation Date: _____

Expected Degree or Certificate:

- Associate of Arts Associate of Applied Science
- Bachelor of Arts Bachelor of Science
- Masters Doctorate
- Other: Vocational Training Certificate

ACHIEVEMENTS: Present GPA: _____ Cumulative GPA: _____

Please submit your most recent transcripts

List activities in which you have participated in your school (such as publications, intramural sports, music, art, student government and clubs):

College Activities	Dates Participated	Offices Held	Special Awards/Honors

High School Activities	Dates Participated	Offices Held	Special Awards/Honors

List community activities in which you have participated without pay (such as volunteer work, church work, crisis hot lines, and peer groups, hobbies, athletics, chorus participation):

Kind of Work	Agency or organization	Date of Participation	# of Days or Weeks	Special Awards/Honors

Other activities you feel are important should be included in your resume.

Don't forget to attach (do not send separately) your resume, letter of acceptance, a copy of your SAR and your most current transcripts.

I certify that the information I have provided on this entire application is true and correct to the best of my knowledge.

Signature (required): _____ Date: _____

BRISTOL BAY NATIVE ASSOCIATION

Financial Aid Package/Need Sheet

Please complete only this section and submit this form to the Financial Aid Office

Student Name _____ Phone _____

Social Security No. _____

mailing address _____

College/University _____

mailing address _____
My class will be: __Freshman__ __Sophomore__ __Junior__ __Senior__ Graduation date: _____
I have earned __credits to date. I plan to enroll for __credits this term.
My educational objective is _____
I am: Single __Married__ __Divorced__ __Widowed__
Name of Spouse _____ Number and ages of children _____
Forecast for term beginning 1) _____ and ending _____
2) _____ and ending _____

Student Release
I hereby authorize release of any
and all information
education, State, Federal and
private agencies records to:

Bristol Bay Native Association
Higher Education Program
PO Box310
Dillingham, AK 99576

Student Signature

For Financial Aid Office Use Only

September 20__ June 20__
College or University Budget: _____
Tuition _____
Fees _____
Room _____
Board _____
Books _____
Other(Specify) _____
Total Budget _____
Student Resources and Institutional awards:
Starting Date 20 20 20 20
Comments:
() Student has not yet applied for financial aid.
Need cannot be determined
() Student applied late. Will not be considered for funding.
() Student application is incomplete and cannot be considered.
() Funds exhausted at institution.
() Student selected for verification.
() Student application has been rejected.
() Comments:

Type of Aid	Fall	Winter	Spring	Summer	Total
AFDC or Welfare					
College Scholarship					
Pell Grant					
Parent/Spouse/Student Contribution					
SEOG					
Social Security					
Veterans' Benefits					
Alaska Student Loan					
College Work Study Program					
National Direct Student Loan					
Tuition Exemption					
Other(Specify)					

Date: _____ Total Resources: _____
Financial Aid Officer Signature: _____ Unmet Need:\$ _____
Phone: _____ Address: _____
Quarter System _____ Semester System _____ Trimester _____

FOR BBNA USE ONLY
Maximum Yearly _____
Number of Dependents: _____
Unmet Need _____
Student Award(year) _____
Dependent Allowance(year) _____
Total Award(Year) _____
Fall term _____
Winter _____
Spring _____

Return this form to:
Bristol Bay Native Assoc.
Higher Education
Box 310
Dillingham, AK 99576
FAX: 907-842-3498



**SCHOLARSHIP APPLICATION
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of any and all information needed by the Bristol Bay Native Association Higher Education Office contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

**BRISTOL BAY NATIVE ASSOCIATION
Higher Education Program
P. O. Box 310
Dillingham, Alaska 99576
Fax Number (907) 842-3498**

This information is to be used for the verification of the eligibility of:

This authority shall continue in effect until this student is no longer enrolled in the Educational Scholarship Program

Signature _____ Date _____

Social Security Number _____ Date of Birth _____

I hereby authorize BBNA and the awarding organization to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Educational Scholarship Program.

Signature _____ Date _____

Social Security Number _____ Date of Birth _____



FOR INTERNAL USE ONLY <i>VILLAGE TRIBALLY ENROLLED IN:</i> _____ <i>VERIFIED BY:</i> _____ TITLE / ORGANIZATION: _____ Date _____
