

**Bristol Bay Native Association
Workforce Development Center
PO Box 310
Dillingham, Alaska 99576
(907)842-2262
Fax: (907)842-3498**

The Bristol Bay Native Association Workforce Development Center has created one application for students applying for financial assistance for the higher education and training programs. Please mail or fax completed application and documents to ensure no delays. Eligibility determination may take up to 30 days.

****FALL 2009 HIGER EDUCATION APPLICATION DEADLINE: AUGUST 14, 2009****

REQUIRED DOCUMENTS FOR: Higher Education, AVT and Employment/Training students.

- Completed Application
- Acceptance letter from School
- Most recent transcripts
- Copy of Student Aid Report (FAFSA)
- Budget Forecast Sheet
- Copy of Tribal Card
- Copy of State ID
- Signed Higher Education Program Requirements & Responsibilities (Higher Education Only)

Additional documents for TRAINING students

- Required documents listed above
- Letter of Intent from employer
- Individual Development Plan (Page 9)
- Proof of residency and required documents (Pages 10 and 11)
- Most recent pay stubs
- Copy of previous year's income taxes
- Most recent bank statements
- Signed Vocational Training Program Participant Agreement

Note: All information submitted in and with this application is CONFIDENTIAL and will only be used as a tool for consideration of applicants request for funding by BBNA Workforce Development Center

BIA Education grants

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

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:

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

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

AVT and Training Students

The Adult Vocational Training and Training program may provide a BIA grant to Alaska Native students who meet the following requirements:

Must be a current resident of one of the Bristol Bay communities who has an authorizing resolution to Bristol Bay Native Association. 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

Provide proof of residency 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 **training** services please contact tribal council

Bristol Bay Native Association
Workforce Development Center
Education and Training Application

Personal Information:

First Name: _____ Last Name: _____
SSN: _____ Student ID # _____
Date of Birth: _____ Female Male Veteran: Yes No
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell phone number: _____
E-Mail Address: _____

Are you a US citizen? Yes No If no, Work permit number _____

Community and State of Residency: _____

Name of tribal village enrolled with: _____

Please submit a copy of your tribal card

Marital Status: Single Married Widowed Divorced Separated Living as a Couple

Other Household Members:

Name	Date of Birth	Gender	Relationship to Applicant	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you previously received any type of services from BBNA Workforce? Yes No

If answered yes, when & what type of services? Date of Service _____

Child Care Assistance Supportive Services General Assistance

Adult Vocational Training Employment and Training TANF

Higher Education Vocational Rehabilitation Other _____

Are you disabled? Yes No If so, briefly describe your disability and when it started.

SCHOOL INFORMATION

Have you applied for admission? Yes No Been accepted? Yes No

Institution you plan on attending: _____

(You must attach letter of acceptance)

School Mailing Address _____

Class Standing: Freshman Sophomore Junior Senior Masters

Enrollment Status: Full Time (At least 12 credits or more) Part Time (At least 6 or more credits)

Semesters: (check each semester you will attend) Fall Spring Summer

Expected Degree or Certificate:

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

Academic Information:

High School attended: _____ Graduation Date: _____ GED Date: _____

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
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Education History Previous College or Training attended

Technical/Trade:			From: To:	
College: (list all attended)			From: To:	
Other Training/Education:			From: To:	

a. If you began, but did not complete a vocational / technical training program please explain WHY? (Be Specific)

Most recent College GPA Semester credits earned _____ Cumulative _____
 Total # of Credits earned _____

Last or Present Employer		Job Title:
Address: _____ Phone _____		Brief Description of Job Duties:
Number _____		
City _____ State _____ Zip Code _____		
Supervisor's Name _____ Phone _____		
Number _____		
Base Salary: _____	Dates Worked: _____ From _____ To _____	Reason for Leaving: _____
Employer _____		Job Title: _____
Address: _____ Phone _____		Brief Description of Job Duties:
Number _____		
City _____ State _____ Zip Code _____		
Supervisor's Name _____ Phone _____		
Number _____		
Base Salary: _____	Dates Worked: _____ From _____ To _____	Reason for Leaving: _____
Employer _____		Job Title: _____
Address: _____ Phone _____		Brief Description of Job Duties:
Number _____		
City _____ State _____ Zip Code _____		
Supervisor's Name _____ Phone _____		
Number _____		

Employment History

Base Salary: _____	Dates Worked: _____ From _____ To _____	Reason for Leaving: _____
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Barriers to employment: Check off barriers

- Single Head of Household
- Substance Abuse Issues
- Pregnant Parenting Teen
- Limited English proficiency
- Public Assistance
- Unemployment 15+ weeks
- Last employment date _____
- Lack of child care
- Disabled Individual
- High School Dropout/No GED
- Reading Skills below 7th grade
- TANF recipient
- Currently employed/low income
- Homelessness
- Offender
- Not in Labor Force
- Math skills below 7th grade
- Lacks significant work history

Please check off your skills:

- CDL
 - Heavy Equipment Operator
 - Haz-Mat Certificate
 - CPR First Aid
 - 10-Key calculator
 - Multi-line phone
 - Fax Machine
 - Copy Machine
 - Typing _____ WPM
 - Mechanic
 - Carpentry
 - Laborer
 - Plumbing or Electricity
 - Beading/Skin Sewing/carving
 - Other _____
- Computer skills:

Financial Information

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for:

BBNA will not provide for 100% of your training costs. Please submit a copy of your SAR from FAFSA

Actual cost (Expenses)

<u>Description</u>	<u>Amount</u>
Tuition	_____
Fees	_____
Books	_____
Room	_____
Board	_____
Transportation	_____
Tools	_____
Miscellaneous	_____
Other	_____
Other	_____
Total	\$ _____

Student's Contribution (Resources)

<u>Description</u>	<u>Amount</u>
Savings	_____
BBNA	_____
BBNC	_____
BBEDC	_____
State WIA	_____
Permanent Fund Dividend	_____
Student Contribution	_____
Pell	_____
Student Loans	_____
Other Sources	_____
Total	\$ _____

FINANCIAL NEED

Total School Year Expenses (Expenses)	_____
Total Amount of Funds Approved (Resources)	_____
Total Estimated Financial Need	_____

I certify that the information given on the above pages are true to the best of my knowledge. I understand that this information may be confirmed prior to funding. I hereby apply to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected I understand that if I have deliberately given false information, services from BBNA Workforce Program may immediately terminate.

Signature

Date

**Bristol Bay Native Association
Workforce Development Center**

AUTHORIZATION FOR RELEASE OF INFORMATION

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

BRISTOL BAY NATIVE ASSOCIATION
Workforce Development Center
P. O. Box 310
Dillingham, Alaska 99576
Fax Number (907) 842-3498

This authority shall continue in effect until this student is no longer enrolled in the educational program.

Signature _____ Date _____

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 and training 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 Program.

Signature _____ Date _____

FOR INTERNAL USE ONLY Village Tribally Enrolled In: _____ Verified By: _____ Title/Organization _____ Date: _____
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FOR INTERNAL USE ONLY Assigned CIF # _____ Date Entered _____ Staff Initials _____ Referrals: _____

BRISTOL BAY NATIVE ASSOICATION FINANCIAL AID BUDGET NEED SHEET

Student Name _____

Phone Number/Cell Number _____

Social Security Number/Student Id # _____

Email Address _____

Name of Institute Attending _____

Financial Aid Office Number _____

Class Standing: Freshman Sophomore Junior Senior Masters or Graduate

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

Student Release: I hereby authorize release of all information needed by the Bristol Bay Native Association Workforce Development Center contained in education institutions, financial institutions, State, Federal, and private agencies records to:

Bristol Bay Native Association
Workforce Development Center
PO Box 310
Dillingham, Alaska 99576

Student Signature _____

Date _____

THIS SECTION MUST BE COMPLETED BY THE FINANCIAL AID OFFICER

SCHOOL ON _____ SEMESTERS _____ QUARTERS

School/Training Expenses

Student Resources and Institution Awards

Tuition _____
Fees _____
Books _____
Supplies _____
Room _____
Board _____
Other _____
Total Expenses
Cost _____

Type of Aid	Fall	Winter	Spring	Total
Pell Grant				
College Scholarship				
College Work Study Program				
Subsidized Direct/FFEL Stafford Loan				
National SMART grant				
Federal Perkins Loan				
Alaska Student Loan				
Unsubsidized Direct/FFEL Stafford Loan				
Tuition Exemption				
Veterans' Benefits				
BBNA Grants				
Other Scholarships				
Total Resources				

Total School Training Expenses _____

Total Resources _____

Total Unmet Need _____

Financial Aid Officer _____

PRINTNAME _____ DATE _____

TO BE COMPLETED FOR TRAINING STUDENTS ONLY

AFFIDAVIT OF RESIDENCY

Name: _____
(please print)

Address: _____ City/State: _____

Social Security #: _____ Phone: _____

How long at this address: _____ Date: _____

Residency Requirements

The Bristol Bay Native Association, by federal regulations, requires that anyone seeking services from BBNA Adult Vocational Training/Short Term Training program be a resident of one of the 31 Bristol Bay communities.

Definition of a BBNA community resident: A person who has resided (lived) in the community for a period of 30 consecutive days or more **prior to application** and continues to live in that community. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

In order to verify your residency in one of the 31 Bristol Bay communities you **must** provide the following documentation:

- A verification of residency form from either the city council or village council. (Verification form) In addition, you **must** provide a State of Alaska photo ID and at least one of the following documents:
 - A copy of your Permanent Fund Dividend Check stub that shows your address.
 - Copies of current utility bill receipts in your name from your residence.
 - A copy of your most recent pay check stub that shows your address.
 - A copy of your recent AFDC or food stamp benefit receipts.
 - Voters registration card

If you are out of the community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **educational purposes; military service; or medical reasons.** To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying attendance during the previous year, if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.

A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

I, _____ **certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter administered by Bristol Bay Native Association Workforce Development Center.**

SIGNATURE: _____ DATE: _____



BBNA Workforce Development Center

VERIFICATION OF RESIDENCY FOR TRAINING STUDENTS ONLY

It is a requirement of the Bristol Bay Native Association that individuals applying for training services from BBNA be a resident of one of the 31 communities that BBNA represents. **An authorized representative of the village tribal council or the city government must complete this Verification of Residency.**

Bristol Bay communities:

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	Twill Hills	Ugashik	

Definition of a community resident: *A person who has resided (lived) in the community for a period of 30 days or more immediately prior to application and continues to live in that community. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.*

I verify that _____ (Name)

is

is not

a resident of _____, and

has been

has not been

residing in this community for the past thirty (30) days.

This Section MUST Be Signed Off By A Representative Of A Tribal/City Government

Signed by: _____ Date: _____

Print Name: _____ Organization: _____

Contact Phone Number _____

Thank you for your assistance. If you have questions, please call BBNA Workforce at 1-888-285-2262



Bristol Bay Native Association Workforce Development Center

Higher Education Program Requirements & Responsibilities

1. BBNA's scholarship programs mandate full-time attendance at a minimum performance level of a 2.0 GPA on a 4.0 grading scale. Full-time attendance is defined as at least 12 undergraduate credit hours and 9 graduate credit hours, respectively. Students awarded prorated scholarships for part-time studies must complete the number of hours they were awarded the scholarship for, while maintaining a minimum 2.0 GPA. Students not meeting the above requirements; will be placed on **ACADEMIC PROBATION** for the following term to allow academic standards to be met. Failure to achieve these standards during academic probation will result in **ACADEMIC SUSPENSION** from the program and repayment to the program for the grant amount in which academic standards were not attained.

STUDENTS SUSPENDED FROM THE PROGRAM WILL BE REQUIRED TO SUCCESSFULLY RAISE THEIR GPA AND/OR EARNED CREDIT HOURS AT THEIR OWN EXPENSE TO REGAIN ELIGIBILITY FOR THE PROGRAM.

2. You are required to submit your grades to the Education Case Manager upon availability.
3. Your scholarship award will be mailed directly to the Financial Aid Office at the school to be applied on your behalf for tuition, fees, books, supplies, and on-campus housing.
4. You must reapply for BBNA Higher Education Funding at each Academic Year. Returning students will complete Returning Student Application.
5. You will be **REQUIRED** to **PAY BACK** any portion of the grant you receive if you, without mitigating circumstances, fail to enroll, withdraw or are expelled before the completion of a term. Within ten (10) days of your failure to enroll or withdrawal or expulsion you will be required to submit to BBNA Higher Education in writing:
 - (a.) The date of your failure to enroll, withdrawal or expulsion.
 - (b.) Written statement with supporting documentation stating your reasons for failure to enroll, withdrawal or expulsion including mitigating circumstances.
 - (c.) A copy of your request to the school that all funds be returned back to BBNA.

BBNA Higher Education Program will notify you in writing of arrangements for you to pay the balance of funding or issue you a waiver from repayment based on mitigating circumstances.

Applicant Signature

Date

Printed Name



Bristol Bay Native Association Workforce Development Center

Vocational Training Program Participant Agreement

1. Attendance is mandatory, unexcused absences may result in the reduction or termination of funding from the Bristol Bay Native Association(BBNA). It is my responsibility to report all absences to my training institution. If I am absent for more than two consecutive days, I must submit a doctors statement to the institution. Excessive absences or failure to attend class without good reason is grounds for termination from Vocational Training Program.
2. Students must carry at least the minimum workload for a full-time student as set by the training institution. Satisfactory progress must be maintained (2.0 GPA for each term or any other standard as set by training institution). Failure to carry the minimum workload and maintain satisfactory progress is grounds from termination of funding from BBNA.
3. Students must send BBNA progress reports, copies of registration slips, and final grades for each term. Progress reports must be sent in monthly and signed by the student's instructor(s).
4. Students are responsible for informing BBNA of any change in their financial status. This includes receiving of any other scholarship awards and work income of the student or spouse.
5. Students are responsible for informing BBNA of any change in their address, enrollment or if they have withdrawn from their training program. Should I with-drawl from my training program without good cause, I will be responsible for repayment to BBNA the amount of my training program.
6. Students will have to repay the amount of any payments they receive from BBNA if they are not entitled to receive it and if the fault of the overpayment is theirs. If the fault of the overpayment is BBNA's, then BBNA may deduct the amount of the overpayment from later scheduled payments.
7. If transportation was approved as part of the training award, BBNA reserves the right to refuse payment of returning transportation expenses for those students who are expelled or with-drew from their training program.
8. Any tools purchased by BBNA as part of a students training program remain the property of BBNA until such time as a student successfully completes his/her training.
9. Participation in the Vocational Training Program in no way makes BBNA liable for any debts incurred by a student before, during or after his/her participation.
10. Students may appeal any action or inaction in writing to BBNA WFD Director, P.O. Box 310, Dillingham, AK 99576.

I have read and understand my rights and responsibilities as a participant in the Vocational Training Program of BBNA. I am fully aware that failure on my part to comply with any of the conditions of this Participant Agreement may result in my immediate termination from the program and/or loss of future eligibility to participate in the program at the discretion of BBNA.

Participant Signature

Date

Printed Name