



## WFD APPLICATION

**NAME:** \_\_\_\_\_  
 (First) (Middle) (Last) (Also known as / Maiden Name)

**SOCIAL SECURITY #** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **GENDER:**  Male  Female

**MAILING ADDRESS:** \_\_\_\_\_  
 (P.O. Box #) (City) (State) (Zip Code)

**PHYSICAL ADDRESS:** \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)

**HOME #** ( ) - \_\_\_\_\_ **WORK #:** ( ) - \_\_\_\_\_ **CELL #:** ( ) - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**TRIBAL ENROLLMENT:** (Please circle one or indicate "Other" and provide a Copy of Tribal Card)

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

Other: \_\_\_\_\_ BBNC Shareholder?  No  Yes BBNC Shareholder Descendant?  No  Yes

**ETHNICITY:**  Alaska Native  American Indian  Asian  African American  Hispanic or Latino  
 Native Hawaiian  Pacific Islander  Caucasian  Other: \_\_\_\_\_

**FAMILY / LIVING SITUATION:** (Please check ALL that apply)

**MARITAL STATUS:**  Single  Living as a Couple  Married  Separated  Divorced  Widowed

**FAMILY STATUS:**  Single Individual  One Parent Family  Two Parent Family  Teen Parent  Pregnant

**LIVING SITUATION:**  Own Home  Rent Home  Rent Room  Multi-family Home  Overcrowded Living Situation  
 Homeless-Describe: \_\_\_\_\_  Other-Describe: \_\_\_\_\_

**EDUCATIONAL STATUS:**  High School Diploma – Year: \_\_\_\_\_  GED – Year: \_\_\_\_\_  
 HS Dropout/No GED: Highest Grade Completed: \_\_\_\_\_  Some College/No Degree  
 College Graduate – Type of Degree:  AA/AAS  BA/BS  MA/MS  Vocational Graduate: \_\_\_\_\_

**UNITED STATES CITIZEN?**  Yes  No – Work Permit # \_\_\_\_\_

**SELECTIVE SERVICE REGISTERED:**  Yes  No **VETERAN:**  No  Yes - **Date of Discharge:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMPLOYMENT HISTORY:** (Last or Present) Number of Jobs in the last year: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Brief Descript of Job Duties: \_\_\_\_\_

Salary:  Starting Hourly Wage: \$ \_\_\_\_\_  Ending Hourly Wage: \$ \_\_\_\_\_  
 Seasonal Wage: \$ \_\_\_\_\_  Annual Wage: \$ \_\_\_\_\_

Dates Worked: From: (Month/Year) \_\_\_\_\_ To: (Month/Year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT SKILLS:** (Please check ALL that apply)

- Alaska Driver's License    Commercial Driver's License    Heavy Equipment Operator    Hazwoper Certification  
 CPR/First Aid Certified    Asbestos Certification    Electrician    Carpenter    Mechanic    Plumber  
 Welder    Laborer    Flagger Certified    Fisherman - Permit Holder:  Yes  No -  Set-Net or  Drift  
 Subsistence Provider    Other Self Employment    Traditional Craftsman: Carving/Beading/Sewing  
 BBNA Child Care Provider    State Licensed Child Care Provider  
 Multi-line Phone System    Fax Machine    Copy Machine    10-Key Calculator    Typing – WPM: \_\_\_\_\_  
 Computer Skills:  Word Processing    Excel    PowerPoint    Publisher    Outlook    Web Design    CAD

Other Software: \_\_\_\_\_

Additional Skills: \_\_\_\_\_

**CURRENT EMPLOYMENT STATUS:** (Please check ALL that apply)

- Full-time Employed    Part-time Employed    Seasonal Employed-In Season    Seasonal Employed– Not in Season  
 Hold Multiple Jobs    Unemployed    Collecting Unemployment – 15+ weeks:  Yes  No  
 Dislocated Worker    Migrant Worker    Not in the Labor Force  
 On Public Assistance (ATAP, TANF, General Assistance (GA), Food Stamps, etc.)  
 Receiving    Received within last 6 months    Long-term TANF/GA Recipient

**EMPLOYMENT BARRIERS:** (Please check ALL that apply)

- Currently Employed- Low Income    Lack of Child Care    Lacks Significant Work History    Lack of work in Village  
 Living in a Rural Area    Homemaker    Limited English Proficiency- Require translator-  Yes  No  
 Substance/Alcohol Abuse    Never had Driver's License    License Revoked/Suspended    No Transportation  
 Documented Disability  No  Yes-Describe: \_\_\_\_\_  
 In Specialized Treatment (Substance Abuse, Behavioral Health, API, etc.) Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 In Correctional Facilities – Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Open Court Case/s -  Yes  No  
 Offender – Probation ends: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Felony    Misdemeanor  
 On Third Party Custody – Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 None of the above

Some BBNA WFD services are subject to drug testing. **ARE YOU WILLING TO TAKE A DRUG TEST?**  Yes  No**EMPLOYMENT GOALS:** (Please check one)

- Obtain a Job    Retain Current Job    Advance in Current Job  
 Obtain Alaska Driver's License/Commercial Driver's License (CDL)  
 Earn High School Diploma    Obtain GED    Earn College Degree    Earn Vocational Certificate    Educational Gain  
 Receive Child Care Assistance    Receive Self Employment Activity Assistance (Carving, Beading, Sewing, etc.)

**PRIORITIZED GOALS:** **Employment Goal** \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Training Goal** \_\_\_\_\_  
(Name of School) (Name of Program)

Anticipated Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

 **Education Goal** \_\_\_\_\_  
(Name of School) (Type of Degree) (Major)

Anticipated Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

 **Other Goal-** Describe: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**HOUSEHOLD MEMBERS:** (Please list ALL household members)

First, MI and Last Name	Relationship to Applicant	Tribal Enrollment	Date of Birth	Social Security #

**Types of Income:** (Please use code in Type of Income column)

- |   |                                       |   |
|---|---------------------------------------|---|
| <b>WA</b> – Wages                         | <b>TT</b> – Tribal TANF               | <b>FC</b> – Foster Care Payments          |
| <b>SEA</b> – Seasonal Work / Fishing      | <b>WC</b> – Workers Compensation      | <b>BIA</b> – BIA General Assistance       |
| <b>SE</b> – Self Employment               | <b>BP</b> – Bingo / Pull-tab Winnings | <b>SL</b> – Student Loans / Grants        |
| <b>DI</b> – Dividends                     | <b>UI</b> – Unemployment Benefits     | <b>IN</b> – Interest                      |
| <b>SSI</b> – Supplemental Security Income | <b>TI</b> – Tips and Gratuity         | <b>CS</b> – Child Support & Alimony       |
| <b>SSA</b> – Social Security              | <b>RI</b> – Rental Income             | <b>APA</b> – Adult Public Assistance      |
| <b>PFD</b> – Permanent Fund Dividend      | <b>VB</b> – Veterans Benefits         | <b>PE</b> – Pension (Other than VB)       |
| <b>GR</b> – General Relief                | <b>FLS</b> – Family Support (Explain) | <b>CO</b> – Cash out Retirement / Pension |
| <b>OT</b> – Other (Explain)               |                                       |   |

**Household Income:** (Please list ALL household members' income; provide copies of all household income)

Household Member Name	Type of Income Code	Weekly Bi-weekly Semi-Monthly Monthly Annually Seasonal	Gross Income Amount	Form of Proof	Last day received or worked

*I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are ground to denial of services and may lead to prosecution, fines and imprisonment. I understand that my name will never be used in any report and that all data will be kept strictly confidential within BBNA. I have read, and understand my rights and responsibilities.*

**PRINT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**Bristol Bay Native Association - Workforce Development**  
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262  
Fax 907-842-3498 • [www.bbna.com](http://www.bbna.com)

## AUTHORIZATION FOR RELEASE OF INFORMATION

A COPY OF THIS RELEASE IS AS VAILD AS THE ORIGINAL.

*I authorize and release any and all information needed by Bristol Bay Native Association (BBNA) Workforce Development Center (WFD) or its agents within the Department of Law. I understand the requested information will only be used in the administration of BBNA and BBNA Workforce Development services, and will not be released to any other person or agency outside BBNA or its agents within the Department of Law.*

*Persons or organizations that may be contacted include, but are not limited to: Department of Law; Department of Public Safety; Department of Fish and Game; Department of Labor; Department of Military and Veterans Affairs; Department of Revenue; Bureau of Citizenship and Immigration Services; Alaska Housing Finance Corporation; Social Security Administration; Tribal Children's Service Worker (TCSW), Office of Child Services (OCS), Commercial Fishing Companies; Funeral Homes; Local Governments; City Councils; Village Councils; State, Federal, and Private Educational agencies; Public Assistance program contractors and grantees; tax assessors; financial institutions; Native Corporations; stock brokerage firms; landlords; employers; school authorities; and private individuals.*

Information requested can be sent to: **Bristol Bay Native Association  
Workforce Development Center  
P.O. Box 310  
Dillingham, AK 99576**

**Fax: 907-842-3498 or 1-888-285-3498**

*This release will remain in effect while I am an applicant or recipient of BBNA WFD program services, and for any later investigations of my eligibility and receipt of benefits.*

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required**

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## RIGHTS AND RESPONSIBILITIES

### Rights:

- I shall be treated with respect.
- I understand that under Title VI SEC. 601 of the Civil Rights Act of 1964 that "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."
- I understand that all information collected by BBNA WFD will remain confidential within BBNA.
- I understand that in order for the Bristol Bay Native Association Workforce Development to provide services, it is necessary that I provide required documentation to determine eligibility to receive services.
- I will be fully informed and participate in developing a comprehensive individualized or family self-sufficiency plan within BBNA programs of services.
- I understand that I may be required to obtain other funding sources such as state, federal, local or regional private, including financial self-support.
- I must cooperate and adhere to individual program regulations, rules or requirements to access or maintain BBNA services.

### Responsibilities:

- I will treat BBNA staff with respect.
- I will report changes in my households within 10 working days a change occurs.
- I will report if a child leaves the home within 5 days.
- I will report if someone moves into my home.
- I will report starting or stopping a job, change of wage rate, change from part-time to full time or full time to part time.
- I will report money received from other sources other than working changes by more than \$50.
- I will report if I move or change a mailing address.
- I will report change of schools or training locations.
- I will report withdrawing from a higher education or training program.
- I will report a change in type of degree or training program attending.
- I understand that federal law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or voices up by any trick, scheme or devise a material fact, or makes any false fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both.
- I understand if I acquire services fraudulently, that I may be denied further services as determined by program regulations.
- I understand that a home visit may be required for program services.

### What if I disagree with a decision made?

You have the right to discuss any action taken on your application or case with a caseworker or supervisor. If you disagree with an action taken by BBNA which affects the benefits or services you receive. You may ask for a fair hearing or file an appeal. The formal process begins with the person filing the complaint. He/she prepares a written statement that clearly indicates "Notice of Appeal" requesting a hearing or reconsideration. The appeal must contain his/her name, address, and telephone number; the condition, situation, or individual being complained about, the reason for the complaint and the requested remedy. A complaint regarding a denial of services needs to be filed within fifteen (15) working days after receiving the notice of the decision. The complaint needs to be signed, dated and filed with the individual closest to the complaint. At the hearing, you may represent yourself or be represented by a legal representative, friend or relative. You may continue to receive benefits until a decision is made. If the decision is not in your favor, you may be required to repay the benefits you received while you waited for a decision.

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## ADULT VOCATIONAL TRAINING ADDENDUM

Please check the term you are applying for:

- Short-term** (Less than 6 months in duration) –**DEADLINE 2 WEEKS PRIOR OF STARTING TRAINING**
- Long-term** (6 months to 2 years in duration) –**DEADLINE 30 DAYS PRIOR OF STARTING TRAINING**

*\*\*\*Only complete applications will be considered and funding is contingent upon available funds\*\*\**

### NEW APPLICANT REQUIREMENTS:

- Complete BBNA WFD Application
- Affidavit of Residency Form
- Verification of Residency Form
- BBNA WFD Vocational Training Requirements and Responsibilities
- Training Request Questionnaire
- Sources of Financial Aid
- Financial Aid Budget Forecast Sheet
- Copy of Tribal Enrollment Card
- Copy of State ID
- Acceptance Letter from School
- Most Recent Transcripts (Unofficial Transcripts Accepted)
- Copy of Student Aid Report (FAFSA Website: <http://www.fafsa.ed.gov/> ; print full SAR)
- Copy of Most Recent Pay Stubs
- Copy of Previous Year's Income Taxes
- Copy of Most Recent Bank Statements
- Letter of Intent from Employer

**Repeat services** - Repeat applicants (those who received previous services) will be low priority for consideration of funding. Repeat requests will be determined on an individual basis and considered by need, ability, prior performance, present motivation and current employment opportunities available for the applicant. The applicant must be unemployed and have valid justification for not utilizing previous skills or training. No more than one (1) repeat service will be considered and approved. Repeat applications will be considered for applicants unable to work in his/her primary occupation due to physical and/or other disabilities. Funds cannot be used to pay debt.

Repeat applications will be considered for applicants unable to work in his/her primary occupation due to physical and/or other disabilities.

*If you have any questions please do not hesitate to contact us.*



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## AFFIDAVIT OF RESIDENCY

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Also known as / Maiden Name)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(P.O. Box #) (City) (State) (Zip Code)

Physical Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

How long at this address: \_\_\_\_\_ (Days, Months, Years)

### RESIDENCY REQUIREMENTS

The Bristol Bay Native Association (BBNA) Workforce Development (WFD), by Federal regulations, requires that anyone seeking services from the BBNA WFD Adult Vocational Training or Employment and 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, 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:

- Verification of Residency Form from either the City Council or Village Council
- 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 (PFD) 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
  - A copy of your 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 documents:

- 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 and otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter administered by the Bristol Bay Native Association (BBNA) Workforce Development (WFD).**

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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**VERIFICATION OF RESIDENCY**

It is a requirement of the Bristol Bay Native Association (BBNA) Workforce Development (WFD) that individuals applying for training services from BBNA WFD be a resident of one of the following communities that BBNA WFD represents. An Authorized Representative of the Village or Tribal Council or City Government must complete this Verification of Residency.

**BRISTOL BAY COMMUNITIES:**

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

**\*BBNA cannot provide training services; please contact Tribal Council\***

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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, military duty, or medical reasons are allowable with the proper documentation.

I verify that \_\_\_\_\_  
First M.I. Last

- is
- is not

A resident of \_\_\_\_\_, and  
Bristol Bay Community

- has been
- has not been

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

**THIS SECTION MUST BE SIGNED OFF BY AN AUTHORIZED REPRESENTATIVE OF A VILLAGE/TRIBAL OR CITY GOVERNMENT.**

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REPRESENTATIVE OF: \_\_\_\_\_





## VOCATIONAL TRAINING REQUIREMENTS AND RESPONSIBILITIES

- **Attendance** is mandatory, unexcused absences may result in the reduction or termination of funding. It is the student's responsibility to report all absences to the training institution. If absent for more than 3 consecutive days, a doctor's note must be submitted to institution and BBNA WFD. Excessive absences or failure to attend class without good cause is reason for termination.
- **Minimum Workload and GPA Requirements** are full-time attendance at a minimum performance level of a 2.0 Grade Point Average (GPA) on a 4.0 grading scale or other standard set by the training institution. Failure to carry minimum workload and maintain satisfactory progress is reason for termination.
- **School Transcripts**, progress reports, copies of registration slips, and final grades must be submitted to the BBNA WFD Employment and Training Case Worker upon availability at the end of **each term**. Unofficial transcripts accepted. Progress reports must be sent monthly and signed by student and instructor.
- **Financial Status** includes receiving of any other scholarship awards and work income of the student or the spouse. Students are responsible for informing BBNA WFD Employment and Training Case Worker within 10 days of any financial changes.
- **Changes** in address, enrollment, or withdraws from a training program will be reported to BBNA WFD Employment and Training Case Worker within 10 days. If a Student withdraws from a training program **without mitigating circumstances**, Student will be responsible to pay back any awards provided by BBNA WFD.
  - A. The date of failure to enroll, withdraw, or expulsion
  - B. Written statement with supporting documentation stating reason for failure to enroll, withdraw, or expulsion – including mitigating circumstances
  - C. A copy of applicant's request to the school that all funds are returned back to BBNA WFD

A notice will be sent to Student for arrangements to pay the balance of funding or issue a waiver from repayment based on mitigating circumstances.

- **Repayment of services** will be required if a Student is not entitled to receive it and if the fault of 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.
- **Transportation** may be approved as part of the training award, BBNA WFD reserves the right to refuse payment of returning transportation expenses for those students who are expelled or withdrew from their training program.
- **Tools** purchased by BBNA WFD as part of the training award will remain the property of BBNA until such time as the student successfully completes his/her training.
- **Participation** in the Adult Vocational Training Program in no way makes BBNA WFD liable for any debts incurred by a student before, during or after his/her participation.
- **Appeal Process** on any action or inaction must be submitted in writing to BBNA WFD Director within 10 days of dispute to P.O. Box 310, Dillingham, Alaska 99576.

***I have read and understand my requirements and responsibilities as a BBNA WFD Adult Vocational Training Student. I hereby agree to follow all the rules, regulations and attendance requirements of the BBNA WFD Adult Vocational Training services. I understand that if I fail to comply with any of the requirements or responsibilities my services from BBNA WFD Adult Vocational Training may immediately terminate.***

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





## SOURCES OF FINANCIAL AID

Please list ALL sources of Financial Aid (Loans, Scholarships, Grants, etc.) applying for. BBNA WFD Higher Education services will not pay for 100% of your educational costs. Please list "Applied or Pending" or if "Approved" list the award amount. This information will help us make any necessary referrals for potential resources that you may be eligible for.

<b>Students Contribution and Resources:</b>	<b>"Applied, Pending, or Award amount"</b>
Checking Account – Name of Bank: _____	_____
Savings Account – Name of Bank: _____	_____
Bristol Bay Native Corporation – Education Foundation (BBNC - Shareholders) .....	_____
Bristol Bay Area Health Corporation (BBAHC –Tribal Enrollment, Health Care Field) .....	_____
Bristol Bay Economic Development Corporation (BBEDC – CDQ Community Resident)	_____
Bristol Bay Housing Authority (BBHA –Bristol Bay Resident) .....	_____
Choggiung Limited (Shareholder) .....	_____
Nushagak Cooperative (Member of service area) .....	_____
Indian Health Service (IHS – Alaska Native/American Indian, Health Profession Degree) .....	_____
Association on American Indian Affairs (AAIA) .....	_____
Alaska Commission on Postsecondary Education (ACPE) .....	_____
Alaska Native Tribal Health Consortium (ANTHC) .....	_____
State of Alaska Workforce Investment Act (WIA) .....	_____
Free Application for Federal Student Aid (FAFSA) – Federal Pell Grant .....	_____
Other Sources: _____	_____
Other Sources: _____	_____
Other Sources: _____	_____
Student Loans: _____	_____
<b>TOTAL</b>	_____



## FINANCIAL AID BUDGET FORECAST SHEET

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
 (First) (MI) (Last)

Class Standing:  Freshman  Sophomore  Junior  Senior Enrollment Status:  Full-time  Part-time

Terms Attending: (Check all that apply)  Fall  Winter  Spring  Summer

Expected Degree:  Associate of Arts (AA)  Associate of Applied Science (AAS)  
 Bachelor of Arts (BA)  Bachelor of Science (BS)  Masters

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*\*THIS SECTION MUST BE COMPLETED BY THE FINANCIAL AID OFFICER\*\*\***

Academic Year: \_\_\_\_\_ - \_\_\_\_\_

School Status:  Semesters  Quarters

### SCHOOL EXPENSES

### STUDENT RESOURCE AND INSTITUTION AWARDS

Tuition \$ \_\_\_\_\_  
 Fees \$ \_\_\_\_\_  
 Books \$ \_\_\_\_\_  
 Supplies \$ \_\_\_\_\_  
 Room \$ \_\_\_\_\_  
 Board \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Expense Total** \$ \_\_\_\_\_  
**Resource Total** \$ \_\_\_\_\_  
**UNMET NEED** \$ \_\_\_\_\_

Type of Aid	Fall	Winter	Spring	Summer	Total
Federal Pell Grant					
College Scholarship					
College Work Study					
Subsidized Direct FFEL Stafford Loan					
National SMART Grant					
Federal Perkins Loan					
Alaska Student Loan					
Unsubsidized Direct FFEL Stafford Loan					
Tuition Exemption					
Veterans Benefits					
Bristol Bay Native Corporation					
Bristol Bay Economic Development Corporation					
Other:					
Other:					
Other:					
<b>Total Resources</b>					

Name and address of Institute:  
 \_\_\_\_\_  
 ATTN: Office of Financial Aid  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_