



## APPLICATION PACKET FOR PROGRAM SERVICES

AVCP EET&CC programs are available to all eligible members of a federally recognized tribe who reside in the AVCP service area. *If you reside in Bethel or you are an ONC tribal member you must contact the Orutsararmiut Native Council for assistance.*

<b>DEADLINES:</b>	<i>Higher Education</i>	<b>June 1 and December 1</b>
	<i>Training Programs</i>	<b>Two months prior to start date</b>
	* <i>Technical, Occupational and Apprenticeship Training</i>	
	<i>Employment Assistance</i>	<b>Two weeks before 1<sup>st</sup> full paycheck received</b>
	<i>Work Experience</i>	Open enrollment
	<i>On-the-job Training</i>	Open enrollment
	<i>Child Care Assistance</i>	Open enrollment*
	* <i>There are separate applications for Child Care Assistance</i>	

**Mail, scan or fax completed application to:**

AVCP EET&CC Department  
 P.O. Box 219  
 Bethel, AK 99559

*Feel free to call us with any questions about this application or our programs, toll free at 1(800)478-3157 (in-state), or (907)543-7430; ask for the appropriate EET&CC program staff:*

Evelyn Pensgard	Director	Ext. 7431
Vacant	Office Manager	Ext.
Steven Aluska	EET-477 Case Manager	Ext. 7433
Beverly Turner	EET-477 Case Manager	Ext. 7434
Pauline Palacios	Child Care Coordinator	Ext. 7435
Fredrika Chaney	Child Care Specialist	Ext. 7436

**Submit application and all required documentation.**

**Requirements:**

- Application
- Copy of Tribal ID card or tribal verification form
- Budget Forecast- fill out top portion, sign and date; *we will submit to your School FAO*
- Military Selective Service Number- All men must provide proof of filing
- Individual Development Plan- Part 5, page7
- Written Statement – Part 4, page 6

**Program Requirements:**

**Higher Education:**

***Submit the following:***

- Acceptance
- College Transcripts
- Student Aid Report (SAR) – the FAFSA reply (required)

**Training:**

***Submit the following:***

- Acceptance letter
- Student Aid Report (SAR) – the FAFSA reply
- TABE Results

**Employment Assistance**

***Submit the following:***

- Employment Verification Form
- Landlord Verification Form (if seeking rental assistance)

**Work Experience/On-The-Job Training**

**Child Care Assistance**

**ADDITIONAL SCHOLARSHIP INFORMATION FOR YUKON-KUSKOKWIM DELTA ORGANIZATIONS**

Please contact the appropriate agencies for more information.

<b>Organization</b>	<b>Deadline(s)</b>	<b>Eligibility</b>
<b>AVEC, Inc.</b> 1(800)478-1818 or 1(907)561-1818 Fax: 1(800)478-2389 Attn: Member Services Manager	April 15, August 15 Voc Training: 2-3 Months prior to start date. Application available at: <a href="http://www.avec.org">www.avec.org</a>	Member of AVEC or residing in household whose head-of-household is an active member
<b>Calista Scholarship Fund</b> 1(800)277-5516 or 1(907)279-5516 Fax: 1(907)279-8430 Calista Heritage Foundation <a href="mailto:Scholarships@calistacorp.com">Scholarships@calistacorp.com</a>	June 30, December 1  Application available at: <a href="http://www.calistacorp.org">www.calistacorp.org</a>	Enrolled member or a descendant of a shareholder
<b>Coastal Villages Region Fund (CVRF)</b> Louis Bunyan Memorial Scholarship 1(888)795-5151 or 1(907) 278-5151 Fax: (907) 278-5150 <a href="mailto:scholarships@coastalvillages.org">scholarships@coastalvillages.org</a>	Varies check with CVRF  Application available at: <a href="http://www.coastalvillages.org">www.coastalvillages.org</a>	Resident of a CVRF member community for 5+ years
<b>State of Alaska Department of Labor &amp; Workforce Development</b> 1(866)683-2941	No deadline	Program Dependent
<b>United Utilities, Inc.</b> 1(800)478-2020 ext. 5214 Fax: 1(907)563-3185	April 16 <sup>th</sup> (may vary)  Application available at: <a href="http://www.unicom-alaska.com">www.unicom-alaska.com</a>	Communities served by United Utilities, Inc.
<b>Yukon Delta Fisheries Development Assn. (YDFDA)</b> 1(877)985-6625 or 1(907) 949-1202	Feb. 14 <sup>th</sup> – UA Foundation <a href="http://www.uaonline.alaska.edu">www.uaonline.alaska.edu</a> April 15, July 15, Dec. 15 Vocational Training: 2 months prior to start date <a href="http://www.ydfda.org">www.ydfda.org</a>	Resident of Kotlik, Emmonak, Alakanuk, Nunam Iqua, Mountain Village or Grayling for 5+ years
<b>YK Health Corporation – PA Health Care Professional Scholarship</b> 1(800)478-3321 ext. 6981 or 1(907)543-6981 Fax: 1(907)543-6061	11/30/16 -5/26/17  Application available at: <a href="http://www.ykhc.org">www.ykhc.org</a>	Tribal members and descendants; Employees with one year completed service and in good standing
<b>Education Housing Assistance Grants (EHAG)</b> See or call your Local Tribal Office	Limited Funds available first come first served	Member of a tribe who designates AVCPRHA as their TDHE
<b>Free Application for Federal Student Aid (FAFSA)</b> <a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a>	Available October 1	
<a href="http://www.fastweb.com">www.fastweb.com</a>	Possible scholarships after a profile on website	
<a href="http://www.aigcs.org">www.aigcs.org</a>	<b>For Graduate College students</b>	



**Association of Village Council Presidents**  
*Education, Employment, Training & Child Care Department*



**PROGRAM SERVICES APPLICATION**

**I AM APPLYING FOR:**

- FALL \_\_\_\_\_
- WINTER \_\_\_\_\_
- SPRING \_\_\_\_\_
- SUMMER \_\_\_\_\_

Check all programs you are applying for:

- Technical Training       Occupational Training       Apprenticeship Training  
 Higher Education       Employment Assistance       On-the-Job Training       Work Experience

**PART 1. PERSONAL INFORMATION**

Name: _____	SSN (OPTIONAL): _____
Mailing Address: _____	
Physical Address: _____	
City/State: _____	Zip: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____
Current Phone No.: _____	(Work Home Cell)   Email: _____

Are you enrolled with a Federally Recognized Tribe?     Yes     No

If yes, which are you enrolled to: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Please provide your Selective Service Number (men over age 18 only): \_\_\_\_\_

(Available at [www.sss.gov](http://www.sss.gov) - We can also look it up for you if needed, using your DOB and SSN.)

**PART 2. FAMILY/HOUSEHOLD INFORMATION**

List all Family Members living in your household; include yourself. We will use the information you provide to determine which members will be used for calculating your total "Family Income."

Name	DOB	Age	Relationship	6 mo. Income	Source
			<b>Self</b>		

**Emergency Contact Information**

List person(s) who can be contacted in case of an emergency:

Name	Address	Telephone No.	Relationship

**Family Income Information:** To determine eligibility submit documentation identifying your past 6 months income (**except if you are applying for Higher Education**). The most common types of income are:

- \*Gross wages/salaries
- \*Regular insurance payments
- \*Regular pension/retirement
- \*Worker's Compensation Benefits
- \*Net self-employment income
- \*Dividends, interest, net rental income
- \*Alimony/spousal support
- \*Educational assistance (not needs-based)
- \*Commercial fishing income
- \*Gambling/lottery winnings
- \*Disability insurance payments
- \*Training Stipends

**PART 3. EDUCATION/TRAINING HISTORY**

**Previous Education/Training Information**

Did you graduate from high school or receive your GED?  Yes  No  currently attending  
 If yes, name of high school: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Has AVCP funded any of your previous training or education?  Yes  No If yes, Please list:

Name of School	Attendance Dates (From-To)	Certificate/License/Degree Earned

**Current Education/Training Information**

Name of College or Training Facility (and address) I plan to attend:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Admission Status:  Applied  Accepted

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

Major: \_\_\_\_\_ Minor(if applicable): \_\_\_\_\_

Expected College Degree or Training Certificate:  AA  BA

<i>Current College Class Standing:</i>	<i>Enrollment Status:</i>
<input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Full-time (12 or more credits) <input type="checkbox"/> Part-time (6 or more credits)

**Indicate any barriers or needs for Education, Employment and/or Training you have:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Reading skills below<br>7 <sup>th</sup> grade level | <input type="checkbox"/> Math skills below<br>7 <sup>th</sup> grade level | <input type="checkbox"/> Employed with<br>low income | <input type="checkbox"/> High School Dropout                 |
| <input type="checkbox"/> Learning Materials                                  | <input type="checkbox"/> Limited English                                  | <input type="checkbox"/> In Treatment                | <input type="checkbox"/> No GED                              |
| <input type="checkbox"/> Lack work history                                   | <input type="checkbox"/> Unemployed                                       | <input type="checkbox"/> Lack Housing                | <input type="checkbox"/> Substance Abuse                     |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> Need Clothing                                    | <input type="checkbox"/> Homeless                    | <input type="checkbox"/> Sex Offender                        |
| <input type="checkbox"/> Single Parent                                       | <input type="checkbox"/> Child Care                                       | <input type="checkbox"/> Pregnant                    | <input type="checkbox"/> Family Problems                     |
| Transportation   | <input type="checkbox"/> No Driver’s License                              | <input type="checkbox"/> TANF                        | <input type="checkbox"/> Funding <input type="checkbox"/> No |
| <input type="checkbox"/> UNDER 24 YEARS                                      |   |  | <input type="checkbox"/> Other:_____                         |

**PART 4. WRITTEN STATEMENT**

Please write a short essay about how what your plans are beginning with your request for financial assistance. How is our financial assistance going to help you either begin your education, continue it or how is it going to help you get a job. Tell us what your goals are and what you are going to do to reach those goals.

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AVCP  
INDIVIDUAL DEVELOPMENT PLAN

NAME		DATE	
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**PROFESSIONAL GOALS/MOTIVATIONS**  
What are my professional growth and career dreams?  
How do I think I can make these dreams come true?

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<b>TALENTS OR STRENGTHS TO USE MORE (3-5)</b> What are my talents & strengths?	<b>DEVELOPMENT OPPORTUNITIES (1-2)</b> What knowledge or skills do I need to learn?
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**FOCUSED IDP OBJECTIVES AND ACTION STEPS**  
What development goals do I have for the next 12 months? The next 5 years?  
What specific actions can I take to achieve these goals?

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## ASSIGNMENT OF RIGHTS/WAIVER OF LIABILITY

I, the undersigned, have the authority to hereby grant AVCP the right and permission to use, at AVCP's discretion, photographs and images of me, as well as my biographical information disclosed to AVCP by me for promotional and/or informational purposes. I understand that no monetary or other compensation will be offered to me in exchange for these rights and permissions. Usage encompasses, but is no limited to, newsletters, printed publications and other collateral, internet and websites, advertising, video and/or audio presentations. I forever release, discharge, and agree to hold AVCP and its affiliates, officers, directors, employees, and agents harmless from any liability by virtue of any use whatsoever of said photographs, images or biological information.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## AGREEMENT

### Initial

**Application** \_\_\_\_\_ I certify that all information and documentation in this application is true and correct.

\_\_\_\_\_ I understand this application does not commit AVCP to award a scholarship and any decisions made by AVCP are final.

**Scholarship** \_\_\_\_\_ If awarded the scholarship, I agree the funds will be used to further my education program.

If awarded the scholarship, I agree that if for any reason the scholarship is not used for the educational program approved by AVCP and/or I do not fulfill the scholarship requirements which may include, but are not limited to, withdrawing from school, incompletion of courses, and/or change in academic status;

- I must return any scholarship funds not used toward my tuition, books, and fees within 3 months of occurrence.
- I will not be permitted to apply for the AVCP scholarship for one (1) full year from the initial date of award.
- Each situation will be reviewed on a case by case bases and all decisions made by AVCP. are final.
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\_\_\_\_\_ I understand I have the right to appeal within ten (10) days any decision made by AVCP. The appeals process will be provided to me upon request.

\_\_\_\_\_ If awarded the scholarship, I agree that I will maintain and satisfactorily complete a full-time or part-time status for the entire semester/quarter I am receiving the scholarship.

\_\_\_\_\_ If awarded the scholarship, I agree that I must have at least a 2.0 or higher GPA for the entire semester/ quarter I am receiving the scholarship.

\_\_\_\_\_ If awarded the scholarship, I agree to submit my transcripts when due and meet all other reporting requirements.

\_\_\_\_\_ If awarded the scholarship, I agree I must immediately notify AVCP of any changes to my academic status.

**I have read and understand the "Agreement" and, if approved, agree to abide by the terms and conditions of the scholarship.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PARENT  
OR GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

**Association of Village Council Presidents  
Education, Employment, Training & Child Care Department**

P.O. Box 219, Bethel, AK 99559  
Ph: 1(907)543-7431 Fax: 1(907)543-4261  
Toll Free: 1(800)478-3157 In-state only



**BUDGET FORECAST AUTHORIZATION FORM**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Stud. ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

College/University: \_\_\_\_\_ Rank: Freshman Sophomore Junior Senior Graduate

I authorize/consent the release of any information needed by the AVCP EET & CC Department to determine my eligibility for assistance.

**Signature of Student**

**Date**

**Note:** This authorization/consent shall remain in effect during the student's consecutive and continued attendance at the College/University listed above to obtain current unmet needs and any other awards when requested by AVCP EET&CC Staff until student graduates.

**For Financial Aid Office Use Only \*FAO may use own budget forecast form if available; otherwise please use this form.**

School Budget: \_\_\_\_\_ Financial Aid Staff Name: \_\_\_\_\_

TUITION \$ \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FEES \$ \_\_\_\_\_

BOOKS \$ \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

SUPPLIES \$ \_\_\_\_\_

ROOM \$ \_\_\_\_\_ AVCP Scholarship should be mailed to: \_\_\_\_\_

BOARD \$ \_\_\_\_\_

TRANSPORTATION \$ \_\_\_\_\_

Personal/MISC. \$ \_\_\_\_\_

TOTAL BUDGET \$ \_\_\_\_\_

Student is currently:

Full-time  Part-time

On Campus  Off Campus  Distance Delivery  Attending Technical Training Program

**STUDENT RESOURCES AND INSTITUTION AWARDS:**

Type of Aid:	Fall 20____	Winter 20____	Spring 20____	Summer 20____	Total Resources
AVCP EET&CC					
Calista Corporation					
College/University Loan					
Coastal Villages Region Fund (CVRF)					
Yukon Delta Fisheries Development Assn. (YDFDA)					
Federal Family Education Loan/Direct Loan					
Federal Pell Grant					
Federal Supplemental Education Opportunity Grant					
Federal Work Study					
Parent/Student Contribution					
Student/Spouse Contribution					
UA Scholar					
United Utilities Inc. (UII)					
YKHC					
SOA/Workforce Development:					
Tribal Education Housing Grant					
Other:					
				<b>Total Funding Amount</b>	
				<b>Unmet Needs</b>	