

Alumni Scholarship Assistance Program



APPLICATION PERIOD – July 1 through September 15

The *Alumni Scholarship Assistance Program (ASAP)* is an annual supplementary scholarship available to enrolled members of the Central Council who are currently attending (or plan to attend) an accredited college or university in the pursuit of an education degree program, specifically post-secondary education. The number and amount of *Alumni* awards is dependent upon those funds raised throughout the year.

For award consideration, please submit the following documents to the address listed above:

1. **APPLICATION:** Completed application (attached).
2. **LOA:** Copy of the Letter of Acceptance/Admission (LOA). This LOA must verify full-time enrollment and your declared degree program. (Minimum credit enrollment requirements are twelve (12) for undergraduates, and nine (9) for graduates/doctorates.)

NOTE: if the school does not provide such a letter, **it is your responsibility** to request some form of verification from the registrar's office or your student advisor indicating intent for full-time enrollment and degree program goals.

3. **TRANSCRIPTS:** official copy of your last set of transcripts (high school, college or GED, whichever is most recent) indicating a cumulative 2.50 GPA or better.

NOTE: although the GPA is cumulative, this is not considered if your transcripts show class attendance at less than full-time.

4. **COVER LETTER** indicating:
 - a) financial need,
 - b) a list of academic, professional and/or personal activities, and
 - c) a statement of personal goals.

Documents received outside the application period will not be accepted and returned to the applicant—no exceptions.

Notification of award status: October 31.

CURRENTLY FUNDED COLLEGE STUDENT ASSISTANCE STUDENTS: You need only submit attached application and #4 noted above.

Alumni Scholarship Assistance Program Application

Submission dates: July 1 through September 15

(Application and required documents received outside the application period will **not** be accepted and returned to the applicant—**no exceptions.**)

Name:			Social Security Number:		
Tlingit & Haida Enrollment Number: ** (NOTE: IF THIS IS NOT FILLED IN, APPLICATION IS REJECTED.) **			Phone Number:		
Mailing Address:			Email address:		
Place of Birth	Date of Birth	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single		
High School City & State graduated:			Month/Year Graduated:		
If GED, which City/State obtained from:			Month/Year GED Obtained:		
College Name & Financial Aid Office address you will be attending:			Financial Aid Officer Name & Phone:		
Expected Degree: <input type="checkbox"/> Associate <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> M.D. <input type="checkbox"/> Juris Doctorate <input type="checkbox"/> Ph.D.		Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Other			
Majoring In:		Expected Graduation Date:			
RESOURCES FOR COLLEGE (indicate "applied" if award amount is unknown)			COLLEGE EXPENSES For the Academic Year (9 months)		
College Scholarship	\$	Tuition	\$		
College Loan	\$	Fees	\$		
Federal Aid (VA/TANF/Soc Sec)	\$	Books	\$		
Federal Loan	\$	Supplies	\$		
Native/Corporate Scholarship	\$	Room	\$		
Native/Council-Federally Funded Scholarship	\$	Board	\$		
Native/Private Scholarship	\$	Transportation	\$		
Parent Contribution	\$	Child Care: # of Dependents	\$		
Pell Grant	\$	Personal Expenses	\$		
State Grant	\$	Other (What):	\$		
State Loan	\$	Other (What):	\$		
Student Contribution	\$	<i>Total Expenses</i>	\$		
Tuition Exemption	\$	TOTAL Resources	\$		
Other (Name):	\$	(minus) - TOTAL Expenses	\$		
Total Resources	\$	(equals) = UNMET NEED	\$		

COUNCIL/COMMUNITY ENROLLMENT/ORIGINATION: Check those communities you or your parent(s) are enrolled with (not including corporations):

Anchorage Angoon California Craig Douglas Haines Hoonah Hydaburg Juneau Kake Kasaan Ketchikan Klawock
 Klukwan Metlakatla Pelican Petersburg Saxman Seattle Sitka Skagway Tenakee Thorne Bay Wrangell Yakutat

AUTHORIZATION

I hereby authorize release of any and all information for financial aid and education purposes from State, Federal, and private agency records to the Central Council Tlingit and Haida Tribes of Alaska's Higher Education department.

Yes No

I hereby authorize the Central Council Tlingit and Haida Tribes of Alaska's Higher Education department to release my name and address for employment or educational opportunities and to announce my graduation from college and my honor roll status in the newspapers.

Yes No

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 the Central Council's Tlingit and Haida Tribes of Alaska's Higher Education department will be used solely for expenses related to my attendance at the college listed on this application.

Legal Signature of Student

Date

Central Council
Tlingit and Haida Indian Tribes of Alaska
Finance Department
9097 Glacier Hwy
Juneau, Alaska 99801

Request for Vendor Setup

This form must be completed and signed before payment is issued.

Legal Name (No Abbreviations or Nicknames)	TIN (Social Security Number or EIN) - -	
Business Name (if different from above)		
Current Mailing Address City, State, Zip		Telephone # ()- -

<input type="checkbox"/> Corporation <input type="checkbox"/> LLC Corporation <input type="checkbox"/> Client <input type="checkbox"/> Landlord/Daycare Provider (circle one)	<input type="checkbox"/> Sole Proprietor/Partnership <input type="checkbox"/> LLC Sole Proprietor or Partnership <input type="checkbox"/> Landlord/Daycare Provider (circle one) <input type="checkbox"/> Landlord/Daycare Provider (circle one)
--	---

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
 - I am exempt from backup withholding,
 - I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
 - the IRS has notified me that I am no longer subject to backup withholding and
3. I am a US person (including a US Resident alien)

NOTE: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ Date _____

Penalties

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties. Revised 09-22-2005