Sitka Tribe of Alaska

Higher Education Scholarship Application

Application Deadlines:

April 1 (First Time Applicants)

May 1 (Renewing Applicants)

October 1 (Partial Academic Year Applicants)

SUBMIT COMPLETED APPLICATIONS:

Mail, Fax, E-mail, or Hand Deliver:

Sitka Tribe of Alaska
204 Siginaka Way, Suite 300
Sitka AK 99835
E-mail: scholarship.applicant@sitkatribe-nsn.gov
Fax: (907) 747-4915

Student Checklist

The following items listed below are required for the scholarship application to be considered complete.

***** *Incomplete Applications will not be considered*****

Application Complete. **(DO NOT LEAVE ANY BLANKS – IF INFORMATION IS NOT APPLICABLE, DESIGNATE WITH N/A)**

- ☐ Student/Education Information *(page 3)*
- ☐ Educational Goals Statement (page 4) attach separate sheet if needed)
- ☐ Budget Forecast *(page 5)* (to be completed by the student for the entire academic year)
- ☐ Release of Information Signed *(page 6)*
- ☐ Enrollment Verification *(page 7)*
- ☐ Financial Needs Analysis *(page 8)* (Student completes the top section and submits to their school's Financial Aid Office)
- ☐ Photo Release and Parental/Spousal Release (page 9)

☐ **Letter of Admissions** (from the school you plan on attending)

☐ **Official transcript(s) for all educational institutions attended, including the most recent college and/or High School/GED.** (If GED is submitted, please include scores). **IMPORTANT**: (If the term is in session, request transcripts and attach the documentation proving the request was before the deadline.

☐ **Student Aid Report (SAR)** - Report generated via the Free Application for Federal Student Aid at www.fafsa.ed.gov. (IMPORTANT: To satisfy scholarship requirements, the student must submit verification that the FAFSA application was submitted by the scholarship deadline; once a SAR is generated, the student must submit to the Education Department).

The application must be received or postmarked by Appropriate Deadline:

April 1 (First Time Applicants)

May 1 (Renewing Applicants)

October 1 (Partial Academic Year Applicants)

Higher Education Scholarship Application

APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Previous/Maiden Name

	Student Identification Number:	Date of Birth:	Place of birth:

Marital Status: o Married o Divorced o Single o Widowed o Separated	Number of Dependents:	Tribe currently enrolled with:	Have you previously received a scholarship from Sitka Tribe of Alaska: o Yes o No If yes,_____(year)

Preferred Contact: o E-Mail o Phone o Mail	E-mail Address (es):

Mailing Address - Permanent Residence and Summer Address:

City State Zip Code

Mailing Address - While Attending School:

City State Zip Code

Permanent Phone Number and Summer contact:	Phone Number While at School:	Cell Phone Number:

EDUCATION HISTORY

Earned: o High School Diploma o GED	Name of School:	City / State Earned In:	Month / Year Earned:

Previous College/University attended:

Name	Dates Attended	Number of credit hours completed	Degree/Field of Study

Name	Dates Attended	Number of credit hours completed	Degree/Field of Study

EDUCATION PLAN

Name of College/University:	College Financial Aid Office Phone number:	College Financial Aid Office Fax number:

Financial Aid Office Mailing Address (CHECK WILL BE SENT TO THE ADDRESS LISTED):

City State Zip Code

College/University Term Type (circle): Quarter ☐ Trimester ☐ Semester ☐	Deadline for Fee Payments: Fall: Winter: Spring: Summer:	Number of Credits Taking (designated N/A if not attending): Fall: Winter: Spring: Summer:

Current Degree Program (circle): ☐ Associates ☐ Bachelors (B.S./B.A.) ☐ Masters ☐ Doctorate ☐ Juris Doctorate ☐ Other:	Expected Date of Graduation:

Class Standing for next academic year: Freshman Sophomore Junior Senior Graduate	Field of Study/Major:	Minor:

EDUCATIONAL GOALS

PLEASE STATE YOUR EDUCATIONAL OBJECTIVE. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

Attention:
I certify that all the information given by me is true, complete, and correct to the best of my knowledge. I also understand that any false information will disqualify me from this scholarship program.

_____ _____
Signature Date

I certify that I am not defaulting on any Federal or State loans.

_____ _____
Signature Date

BUDGET FORECAST:

Anticipated expenses **MUST** reflect the budget for the entire Academic Year. Students may obtain this information from the school admissions office or in the school catalog or website. **Tuition:** (set by the school you will be attending) **Fees:** (admission, technology or lab fees). **Room/Board:** (as calculated by the school). **Books:** (calculated by the school). **Transportation:** (DO NOT include air transportation into your budget, you can include local transportation, i.e. bus passes). **Personal expenses:** (may include items such as sundries, laundry and laundry supplies, cannot include things such as personal debt or phone bills. **Other:** (If you list something under this expense you MUST describe the expense in detail. If more room is needed, please continue on the reverse side of the budget forecast page.

Resources for College (indicate "applied" if award amount is unknown)		**College Expenses**	
Student Contribution	$	Tuition	**$**
Parent Contribution	$	Fees	**$**
Spouse Contribution	$	Room/Board	**$**
Native Corporation Grant (specify:_____)	$	Books/Supplies	**$**
Native Corporation Grant (specify:_____)	$	Local Transportation	**$**
ANB/ANS Grant	$	Personal Expenses	**$**
Pell Grant	$	Other (specify)	**$**
Tuition Exemption	$	Other (specify)	**$**
College Work-Study	$	**TOTAL EXPENSES**	**$**
College Scholarship (specify:_____)	$		
Alaska Student Loan	$		
Stafford Loan	$		
Alaska Supplemental Loan	$		
Alaska Family Education Loan	$		
Supplemental Educational Opportunity Grant	$		
Parent Plus Loan	$		
Government Aid (Assistance/SSI)	$		
Veteran's Assistance	$	**TOTAL EXPENSES**	**$**
Other:	$	**Minus TOTAL RESOURCES**	**- $**
Other:	$	**REMAINING UNMET NEED**	**$**
TOTAL RESOURCES	**$**	**Amount Requested** (max $1500/Semester or $1000/quarter)	**$**

STA scholarships are supplemental. Students must demonstrate that they have applied for other financial aid. The maximum scholarship is $3000 per year ($1000 per quarter or $1500 per semester). If your unmet need is greater than STA's maximum scholarship, please indicate below how you will cover your remaining financial need.

Sitka Tribe of Alaska

RELEASE OF INFORMATION

I, _____give my permission to the Sitka Tribe of Alaska Cultural Resources, Education, and Employment Department to verify any academic or financial information needed to determine my eligibility for funding. I hereby give this permission for as long as required or until revoked in writing by me to:

Sitka Tribe of Alaska

Cultural Resources, Education and Employment Department
204 Siginaka Way
Sitka, Alaska 99835

Signed this_____day of_____, 202____

_____ _____

Student Signature Student Identification Number

_____

Date of Birth

ENROLLMENT VERIFICATION

Name, Address, or Information Change

☑ Please verify Tribal Enrollment or Indian Blood Degree of the following individual:

❑ Please update vital statistics (*name change must be accompanied by documentation*):

Last Name	First Name	Middle Name	Maiden or *Previous*
Date of Birth	Sex	Phone Number	Place of Birth
Mailing Address	City	State	Zip Code
Residence Address	City	State	Zip Code
Tribe (Tlingit, Haida, etc.)	Degree		E-mail Address:

<u>Authorization for Release of Information:</u> This authorized signature may come from the individual requesting information, Interoffice Department, or Agency representing the individual.

Signature of Client — Today's Date

Representative & Name of Department or Agency — Today's Date

FOR SITKA TRIBE OF ALASKA, ENROLLMENT REPRESENTATIVES USE ONLY:

The individual is

- ❑ Yes, enrolled in Sitka Tribe of Alaska
- ❑ No, not enrolled in Sitka Tribe of Alaska
- ❑ Provided documentation Certifying Indian Blood & Degree:

Document Identification Agency: _____

Enrollment Department — Date

FINANCIAL NEEDS ANALYSIS

Student: Please complete the top section only, and submit the form to the University or College FINANCIAL AID OFFICE.

TO BE COMPLETED BY THE STUDENT	
Student Name:	Student Identification Number:

I give my permission for_____to release any financial
(Name of University or College)

or academic information to Sitka Tribe of Alaska's Higher Education Program.

_____ _____

Signature of the Student Date

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

This student has applied for a Sitka Tribe of Alaska higher education scholarship and verified financial need information is required by your office before action is taken on the application. Please complete and forward this form or a similar form to the address listed at the bottom of the page. Thank you.

- o Student has not yet applied for financial aid, need cannot be determined
- o Student applied late and will not be considered for funding
- o Student's application is incomplete and cannot be considered
- o Funds exhausted at this institution
- o Other:

Budget Period: From_____To_____ (Quarter / Semester / Trimester)

STUDENT RESOURCES/AWARDS						**BUDGET**
	Fall	Winter	Spring	Summer	Total	
Family Contributions						Tuition & Fees
Student Contributions						Room & Board
Alaska Student Loan						Books & Supplies
School Scholarship						Transportation
School Work-Study						Personal Expense
Pell Grant						Other:
SEOG						Other:
Stafford Loan						TOTAL COST: $_____
Veteran's Benefits						
Tuition Wavier						(TOTAL RESOURCES): $_____
Perkins Loan						
Other:						UNMET NEED: $_____
Other:						

_____ _____

Signature of Financial Aid Officer/Advisor Date

FAO Address:	FAO Telephone	FAO E-mail:

Financial aid office mail to: **Sitka Tribe of Alaska,**
Attn: Scholarships
204 Siginaka Way, Suite 300
Sitka, AK 99835

PHOTO RELEASE FORM

I, _____authorize the Sitka Tribe of Alaska, Cultural Resources, Education, and Employment Department to use the information I provide to be shared in an Education Edition Newsletter published by the Sitka Tribe of Alaska and for recruitment purposes.

Signed this_____day of_____, 202___

_____	_____	_____
Student Signature	Printed Name	Date

PARENTAL/SPOUSAL RELEASE FORM ****OPTIONAL****

I_____(please print) authorize Sitka Tribe of Alaska's Cultural Resources, Education, and Employment Department to release information regarding my scholarship application (including but not limited to: status of award, enrollment information, academic progress, etc.) to the person(s) listed_____,_____.

Without exception, I realize that without this signed Release on file; information will not be shared with anyone other than the applicant.

Signed this_____day of_____, 202__

_____

Student Signature

ARPA HIGHER EDUCATION SCHOLARSHIP

Sitka Tribe of Alaska's ARPA Higher Education Scholarship is an additional funding opportunity for Sitka Tribe of Alaska Higher Education Scholarship recipients. In addition to the funding students receive from the Higher Education Scholarship; awardees may receive an additional $3,000 ARPA Higher Education Scholarship through the 2025-26 Academic Year.

Applicants ***must*** complete the below section to be considered for the ARPA Higher Education Scholarship.

I, _____, authorize Sitka Tribe of Alaska's Culture Resources, Education, Education, and Employment Department to utilize this scholarship application for the ARPA Higher Education Scholarship.

Signed this_____day of_____, 202___

_____

Student Signature