

**NATIVE VILLAGE OF NOATAK
BIA PROGRAMS**

**P.O. BOX 89
NOATAK, ALASKA 99761
PHONE: (907) 485-2173/2172
FAX: (907) 485-2137
educationcoordinator@nautaaq.org**

Congratulations for making your choice to attend college!
This scholarship application must be filled out completely and all documents attached.
If you have any questions, please call me at (907) 485-2173, ext. 11

****Deadline: August 1, 2012****

- _____ Native Village of Noatak Higher Education Application.
- _____ Verification of enrollment to the tribe
- _____ Acceptance letter from College or University you will be attending.
- _____ Official transcripts
- _____ Class registration
- _____ Budget Forecast/Need Sheet
- _____ Letter of intent
- _____ Two (2) recommendation letters
- _____ Copy of State ID
- _____ Diploma/GED Certificate
- _____ Other.....
- _____ *** If you are a continuing student, all we need is your transcripts, current letter (I want to know if your goals are still the same) and need sheet. ***

HIGHER EDUCATION:

Get all Regional Scholarships from your local IRA.

*Sign up at www.FASTWEB.com and create a profile, they will email you information on scholarships you may qualify for.
www.FAFSA.gov: Seniors, do your FAFSA early in January, it qualifies you for more scholarships from the university.*

HIGHER EDUCATION SCHOLARSHIP GRANT APPLICATION

PART I: Personal Information

I am a member of the Native Village of Noatak tribe Yes () No ()

Tribal enrollment Number: _____

Name: _____ Social Security Number: _____

Address: P.O. Box _____ Telephone/Cell Number _____

Email Address: _____

Date of Birth: _____ Gender: () Male () Female

Marital Status: () Single () Married () Divorced () Separated

Number of Dependents _____ Ages: _____

Veteran: () Yes () No If yes, have you applied for veteran's benefits? _____

Educational Background

College you plan to attend:

I will be a: () Freshman () Sophomore () Junior () Senior () Grad

Expected Graduation Year: _____

Expected degree: () AA () BA () BS () MA () Other _____

Attendance: () FULL TIME (12+ credits) () PART-TIME (1-11 credits)

My major: _____

The college is: () Quarter () Semester Basis () Other

Name of Post Graduate/Address	Dates	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

NATIVE VILLAGE OF NOATAK
 BOX 89
 NOATAK, ALASKA 99761
 (907) 485-2173
 FAX (907) 485-2137

FINANCIAL AID PACKAGE/NEED SHEET

Students Name : _____ Social Security No.: _____
 Mailing Address: _____ Phone Number: _____
 College/University: _____ Credits Earned: _____
 Mailing Address: _____ Major: _____
 Have you been accepted for admission? Yes No (if not, please notify this office as soon as you have been accepted.)
 My class will be: Freshman Sophomore Junior Senior Graduation Date: _____
 I have earned _____ credits to date. I plan to enroll for _____ credits this term.
 I am Single Married Divorced Separated Widow

Forecast for term beginning _____ and ending _____

COLLEGE OR UNIVERSITY BUDGET: _____ COMMENTS: _____

Tuition..... _____ () Student has not yet applied for Financial Aid. Need sheet cannot be determined.
 Fees..... _____ () Student applied late. Will not be considered for funding
 Room..... _____ () Student's application is incomplete and cannot be considered.
 Board..... _____ () Funds exhausted at institution.
 Books..... _____
 Other (specify)..... _____

 Total Budget.....\$ _____
 I give _____ permission to release the information in my financial and academic files to Native Village of Noatak.

Student's Signature _____ Date _____

STUDENT RESOURCES & INSTITUTION AWARDS:

Starting Date:	/ /12	/ /12	/ /13	/ /13	TOTAL
TYPE OF AID:	FALL	WINTER	SPRING	SUMMER	TOTAL
AFDC OR Welfare					
Alaska Student Loan					
College Scholarship					
College Work Study Program					
National Direct Student Loan					
PELL Grant					
Parent/Spouse Contribution					
SEOG					
Social Security					
Students Contribution					
Tribal Assistance					
Tuition Exemption					
Veterans Benefits					
Other (specify)					
Other					
Total Resources:					\$ _____
Unmet Need:					\$ _____

Financial Aid Officer's Signature: _____ Date _____
 Phone Number _____ Address _____
 Quarter System _____ Semester System _____

Financial Aid Office

address: _____

Tel No. () _____ Fax No. () _____

Housing while in school: () On Campus () Off Campus () With Parents

Have you received a BIA scholarship grant before? () Yes () No

If yes, date of last grant: _____

High School Diploma: Yes () No ()

GED: Yes () No ()

Highest Grade Completed:

Grade School
1 2 3 4 5 6 7 8
College
1 2 3 4

High School
9 10 11 12
Post Graduate
5 6 MA

Date of High School Graduation: _____ GED Certificate: _____

State

Date

Student Financial Information

1st Sem/Qtr

2nd Sem/Qtr

3rd Sem/Qtr

Savings: _____

Earnings from _____

School Year: _____

Parent Contribution: _____

Total _____

List other scholarships for which you have applied—other than BIA

Source: _____

Amount Applied For: _____

Awarded: _____

Notes _____

Statement of Education Purpose: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for the expenses connected with my attendance at:

NAME OF SCHOOL: _____

I hereby certify that the information on this form is true to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any BIA Grant awarded may be mailed to the Financial Aid Office of the College/University I will be attending. I will provide a copy of my transcripts to the Noatak I.R.A. Office, at the end of each academic term.

Signature

Date

Authorization For Release of Information:

I hereby authorize the Education Coordinator of the Native Village of Noatak to release all relevant and pertinent information contained in my records to proper school authorities, if necessary, to facilitate and expedite my training and/or education.

I further authorize the release of my name, school attended, course of study in which enrolled and dates of attendance for publicity purposes. I also authorize the release of any and all information deemed necessary to fulfill the statistical, reporting, and/or the audit requirements.

The Education Coordinator will not release any other information, regarding my participation in the programs without my permission.

This authorization will remain in effect until revoked by me in writing.

Signature

Date