

Native Village of Selawik
 Selawik IRA Council
 PO Box 59
 Selawik, AK 99770

Received By:	_____
Complete	_____
Approved	_____
Check #	_____

Scholarship Application

Name: Last, First, Middle Initial		Date of Birth	Phone No. or Message No.	
Address:		Email:		
Citizen Status:				
U.S. Citizen _____		Permanent Resident Alien _____		Other _____
Refugee/Parolee _____		Temporary Work Permit _____		
Marital Status:			Scholarship Applying For:	
Single _____	Widow _____	Separated _____	Higher Ed _____	Adult Vocational Training _____
Married _____	Divorced _____		Direct Employment _____	
Number of family members in your household including yourself: _____				
Race or Ethnic Group:				
White _____		Black _____		Hispanic _____
Alaska Native/American Indian _____		Asian or Pacific Islander _____		Latino _____
Last Grade Completed:				
No educational grades completed _____		Completed 11th grade or 12th grade _____		High School Diploma/GED _____
Grades completed in elementary _____		but did not receive a diploma _____		
College				
Freshman _____		Junior _____		Bachelor's Degree _____
Sophomore _____		Senior _____		5 years of College _____
6 years or more of College _____				
Student Status				
Student Full Time _____		Student part time _____		Not a Student _____
Alternative School part time _____		School-wide project _____		
Have you ever been funded by the Selawik IRA Scholarship program before? _____				
If so, when and did you complete the training course? _____				
If you did not complete, briefly explain why? _____				
Are you currently on probation or parole? Yes _____ No _____				
Name of probation officer: _____				
If you have been convicted of a felony, what was the nature of the offense? _____				
<u>In order for you to complete your application, you must submit the following documents.</u>				
_____ Copy of your Birth Certificate, Social Security Card, and Tribal enrollment card				
_____ Copy of your school transcripts, only if you graduated in last year				
_____ College transcripts, or grade report from one of the four years, if attended				
_____ Copy of acceptance letter from institution				
_____ Budget (form enclosed)				
_____ Last month's income to include the following: check stubs, employer information				
_____ Two (2) letters of recommendation (not immediate family)				
_____ A letter from you, describing your plans, career goals and why you should be considered for funding. Also, how you plan to deal with drugs and alcohol.				
_____ You must, if not already, apply for funding from other sources. For example: Maniilaq JTPA NANA, Borough and FAFSA (federal pell grants)				

Training/School Site Information

Name, mailing address and phone number of school you wish to attend:

Have you submitted an application to the institution? Yes No
 Course No. and Title: _____
 Starting date of class: _____
 Ending date of class: _____

Have you received a commitment for employment if you successfully complete training? _____
 If you receive funds from this program, will you agree to provide employment
 information following the completion of your training? Yes No
 List other agencies with whom you have applied, or will apply, for funding for this training,
 include the contact information. _____

		<u>Educational Skills</u>			
Vocational Training:	Yes	No	College Credits:	Yes	No
Type of training:	_____		College	_____	
Certificate/License:	_____		Dates Attended:	_____	
Date of Certification	_____		Major:	_____	
			Degree Earned:	_____	
Type of training:	_____				
Certificate/License:	_____				
Date of Certification	_____				
Do you have a valid Driver's License	Yes	<u>No</u>			
Do you have an occupational license	Yes	<u>No</u>			
If yes, describe:	_____				
List any machinery, tools, and or office equipment you can operate.	_____				

<u>Financial Need Statement</u>			
Item	Expenses	Income	From
Tuition	\$ _____	\$ _____	_____
Books	\$ _____	\$ _____	_____
Fees	\$ _____	\$ _____	_____
Rooms/Rent	\$ _____	\$ _____	_____
Meals	\$ _____	\$ _____	_____
Airfare	\$ _____	\$ _____	_____
Clothing	\$ _____	\$ _____	_____
Other (specify)	\$ _____	\$ _____	_____
Total Expenses	\$ _____		
Total Income	\$ _____		
Total Unmet Need	\$ _____		
NVS Contribution	\$ _____		

Applicant _____ Date _____

JTE Coordinator _____ Date _____

Income Status

Place an X on the line next to any of the following types of financial support that you or your family members are receiving. These items are NOT to be included as income.

_____ Supplemental Security Income	_____ Child Support
_____ Aid to the Needy Disabled	_____ Aid to the Blind
_____ Unemployment Insurance	_____ Survivors Benefits
_____ General Assistance	_____ Food Stamps
_____ Refugee Assistance	_____ AFDC
_____ Alaska Permanent Fund Dividend	_____ JOBS
_____ Old Age Supplement Income (OASI)	_____ DVR
_____ Other: _____	_____ Other: _____

List everyone living in the house and enter the total income earned in the past six months.

Name	Relationship	Total Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

List your jobs and earnings for the past six months before taxes or other withholding.

Employer	Amount earned
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total amount earned within six months, rounded to the nearest whole dollar: \$ _____

If you had no income, please explain why: _____

Work History

Job Title _____ Employer: _____
 Address: _____ Phone _____

Dates of Employment
 From: _____ To: _____ Hours/Week _____ Wages/Salary _____

List the skills you used to perform the job/Duties: _____

Reason for leaving _____

Job Title _____ Employer: _____
 Address: _____ Phone _____

Dates of Employment
 From: _____ To: _____ Hours/Week _____ Wages/Salary _____

List the skills you used to perform the job/Duties: _____

Reason for leaving _____

I, _____ authorize Selawik IRA Council, to disclose information from my file with other funding agencies, and the training institute I am attending. These agencies being the Manilq Manpower, JTPA, DRCA and the State of Alaska's Department of Community and Regional Affairs.

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

Applicant Signature

Date

Certification

I certify to the best of my knowledge the information in this application is accurate and true. I understand that the information in this application is subject to verification and that falsification of information shall be grounds for termination from the program and may subject me to prosecution under the law.

I understand that there is an applicant grievance procedure by which I can appeal decisions made with regard to this application. I have received a copy of the applicant grievance procedure.

Applicant Signature

Date

Grievance Procedures
Education/Training Policy
Due Process for Clients

I. Grievance Policy

It is the policy of the IRA in so far as possible to prevent the occurrence of grievances and to deal promptly with those which occur. When any client grievance comes to the attention of the Executive Director, he/she shall discuss all relevant circumstances with the client and his/her representative if they so desire. We shall consider and examine the causes of the grievance, and attempt to resolve it to the extent that the Executive Director has authority to do so. If the grievance is not dealt with satisfactorily at this level, the grievance may be carried to the IRA Council.

II. Grievance Procedure

Every client shall have the right to grieve any action, which he/she believes to be unwarranted, unfair, or unjust, providing the alleged grievance shall be handled in accordance with the following procedures.

1.2.1 The client shall first discuss with the Assistant Executive Director his/her grievance. Should this fail to dissolve the grievance; the client should confer with the Executive Director. If this fails to dissolve the grievance, the client may contact any IRA Council member and request a preliminary investigation to determine the validity of the grievance.

1.2.2 The IRA Council member contacted by the client shall contact the President. The President shall appoint another IRA member to investigate the alleged grievance along with the first contacted member.

1.2.3 If in the opinion of the two investigating council members the grievance is of a critical nature needing immediate resolution they shall contact the President who shall call a special IRA Council meeting to hear the grievance. If the grievance is not of critical nature needing immediate resolution it shall be heard at the next regular IRA Council meeting. The grievant shall be given notice in writing of the date, time and place of the Council meeting. Notice for a special meeting shall be at least 24 hours.

1.2.4 The IRA Council meeting as the Greivance Committee shall request the aggrieved party and all other concerned to appear before them for their investigations. Notice shall have been given to these persons. If the aggrieved party, having given notice falls to appear before the IRA Council, the grievance is dissolved and the aggrieved party, does not have standing to appear before the IRA Council on the same incident again. If the nature of the grievance is such that its discussion may tend to prejudice the reputation and character of any persons an IRA Council member may move and the IRA Council after convening as a public meeting may vote to hold an executive session. No subjects may be considered at the executive session except those mentioned in the motion calling for the executive session unless auxiliary to the main questions. No action may take place at the executive session. After the reconvening of the public meeting if an executive session is held or at the meeting after all testimony has been heard and evidence examined, the IRA Council shall make such resolution of the grievance as they feel proper. The IRA Council's decision shall be final.

Lenora Foxglove
Executive Director
Native Village of Selawik