



SUPPLEMENTAL EDUCATION SCHOLARSHIP APPLICATION

1. PERSONAL INFORMATION:

Name of Applicant: _____ SS#: _____

Current Address: _____

Permanent Address: _____

Phone Number: _____ DOB: _____

2. EDUCATION:

High School, College, or Vocational Institution attended and date of graduation (if any):

3. TYPE OF TRAINING YOU ARE SEEKING:

4. NAME AND ADDRESS OF THE INSTITUTION YOU PLAN TO ENTER:

Name of School

Address

PROGRAM START DATE:

PROGRAM END DATE:

5. TYPE OF JOB DESIRED AS A RESULT OF THE TRAINING AND HOW THE TRAINING WILL IMPACT YOUR COMMUNITY AND THE QAWALANGIN TRIBAL REGION:



6. PLEASE LIST PREVIOUS TRAINING:

7. CURRENT EMPLOYER:

Dates of Employment: _____

Employer: _____

Job Description:

8. EMPLOYMENT HISTORY (last 5 years):

Dates of Employment

Employer

Job Description

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. IS THIS SUPPLEMENTAL EDUCATION NECESSARY FOR YOUR CURRENT EMPLOYMENT? IF SO, WHY?

**10. HAVE YOU REQUESTED FINANCIAL ASSISTANCE FROM YOUR EMPLOYER?
IF YES, what was their response?**

IF NO, why? _____



11. OTHER SCHOLARSHIPS APPLIED FOR:

From Whom	Amount Requested	Amount Received
APIA _____	_____	_____
Employer _____	_____	_____
Other _____	_____	_____

12. After completing your training, would you be interested in employment assistance?

13. BUDGET STATEMENT:

COSTS:

Tuition: _____

+ Airfare: _____

+ Other: _____

= TOTAL COSTS: _____

TOTAL COSTS: _____

FUNDING:

Amount from #10 above: _____

+ Personal Contribution: _____

+ Other: _____

= TOTAL FUNDING: _____

-TOTAL FUNDNG: _____

TOTAL REQUESTED FROM THE QAWALANGIN TRIBE: _____

14. REFUND OF SUPPLEMENTAL EDUCATION GRANT:

I hereby agree that if I fail to complete the training course or otherwise fail to comply with the requirements for which I received a Supplemental Grant hereunder, I will promptly refund the Qawalangin Tribe the amount of the grant received. I hereby direct that, if I cannot repay the grant, the Qawalangin Tribe may, at its discretion, obtain such refund from my Alaska Permanent Fund Dividend as provided in Section 43.23.065 of the Alaska Statutes, or any other source.

I hereby attest that the information provided in this application is true, correct and complete; and the grant, if awarded, will be used to further my Supplemental Education training while attending:

Name of College or Training School

Signature

Date