



NATIVE VILLAGE OF BARROW

HIGHER EDUCATION FINANCIAL ASSISTANCE APPLICATION

BASIC ELIGIBILITY CONDITIONS

1. Must be at least one-fourth or more Indian/Alaskan Native
2. Must be an enrolled tribal member of a federally recognized tribe
(In accordance with Code of Federal Regulations, Section 27.1(J))

DOCUMENTS NEEDED FOR A COMPLETE APPLICATION

*(Applications need to be **COMPLETE** in order for your application to be processed for final decision)*

- Completed Application
 - Tribal Enrollment Verification
 - College/University acceptance letter
 - Class registration/schedule
 - Employment History Form
 - Funding Agreement Form
 - Financial Need Sheet
 - Copy of High School Transcripts or most recent college grades
 - Summary of goals, plans and objectives
 - Three letters of recommendations
- Part Time** Student is 6-11 credits
Full Time Student is 12 or more credits

ALL APPLICATIONS AND REQUIRED DOCUMENTS CAN BE SUBMITTED TO:

Native Village of Barrow Social Service/Workforce Department

PO Box 1130

Barrow, Alaska 99723

Phone: 907-852-4411

Fax: 907-852-4413

E-Mail: workforce@nvbarrow.net

*****YEARLY DEADLINES ARE: DECEMBER 15; MAY 15 and AUGUST 15*****

APPEALS PROCESS

If the applicant expresses dissatisfaction with the decision for denial of services, the person making the decision will review with him/her the basis for which the decision was made and confirm the validity of facts and the related decision.

If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (20) days receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request.

The applicant must submit a written request to the Education Committee requesting a hearing and explaining the reason for which the hearing is requested.

The hearing will be held within ten (10) days. The Education Committee shall notify the applicant in writing of the date and time of hearing.

When a hearing is requested, the appropriate department staff will submit a written statement regarding the issue(s), facts and policy upon which the decision was based to the Education Committee. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant has the right to be represented by someone of his/her choice, including an attorney at his/her expense.

The applicant may appear in person at the designated time and place of hearing; however it is the applicant's responsibility to make all arrangement and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. Arrangements may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on available written information.

Individuals filing an appeal shall be informed of the education committee's decision within five (5) days of the hearing and any further avenues of appeal.

Upon extenuating circumstances, the Education Committee may reschedule hearings.

Application Date: _____

Last Name First Name Middle Initial Date of Birth

Mailing Address

Home Phone Work Phone Cell Phone Message Phone

Primary E-mail Address Secondary E-mail Address

Are you a United State Citizen: ___ Yes or ___ No Veteran: ___ Yes or ___ No

Number of Dependents: ___ Dependents ___ Children in School

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widow

Highest Grade Completed Program(s) Completed

Post-Secondary Schools Attended & Dates

Do you have a valid Driver's Licenses?

___ YES Driver's License Number: _____ Expiration Date: _____
___ NO

Emergency Contact Relationship

Address Phone Number Cell Number

EMPLOYMENT HISTORY FORM

(Please list all work history, unpaid, self-employed and employed work; or attach resume)

Job Title: _____ Dates of Employment: _____ to _____

Company: _____ Supervisor: _____

Address: _____ City/State: _____ Zip _____

Duties and responsibilities:

Type of equipment used/operated: _____

Phone Number: _____ Reason for leaving: _____

Job Title: _____ Dates of Employment: _____ to _____

Company: _____ Supervisor: _____

Address: _____ City/State: _____ Zip _____

Duties and responsibilities:

Type of equipment used/operated: _____

Phone Number: _____ Reason for leaving: _____

Job Title: _____ Dates of Employment: _____ to _____

Company: _____ Supervisor: _____

Address: _____ City/State: _____ Zip _____

Duties and responsibilities:

Type of equipment used/operated: _____

Phone Number: _____ Reason for leaving: _____

HOUSEHOLD EXPENSES INFORMATION FORM

Last Name	First Name	MI	Social Security #	Phone #	Message #
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Home Owner Information:

Own Home Y or N Monthly Payment: _____
Rent Home Y or N Monthly Payment: _____
Relatives Y or N Monthly Payment: _____
Shelter Y or N Monthly Payment: _____
Other: _____

Estimated monthly household expenses paid by all household members:

(Proof of the last two months of expenses required. For those students still dependent on their parents all expenses must be the parent's expenses)

Food: _____ Gasoline: _____
Water: _____ Propane: _____
Rent: _____ Heating Oil: _____
Phone: _____ Transportation: _____
Electricity/Utilities: _____
Other: _____

Applicant's Signature

Date

HIGHER EDUCATION SERVICES

TYPE OF FEDERAL or STATE FINANCIAL AID YOU HAVE APPLIED FOR THIS TERM:

(Alaska Student Loan, PELL Grant, DVR, JTPA/DCRA, Stafford Loan, Perkins Loan, etc.)

SOURCE	AMOUNT	STATUS
_____	\$ _____	received pending denied
_____	\$ _____	received pending denied
_____	\$ _____	received pending denied
_____	\$ _____	received pending denied

LIST ALL SCHOLARSHIPS YOU HAVE APPLIED FOR THIS TERM:

SOURCE	AMOUNT	STATUS
_____	\$ _____	received pending denied
_____	\$ _____	received pending denied
_____	\$ _____	received pending denied
_____	\$ _____	received pending denied

PERSONAL CONTRIBUTION:

Student: \$ _____ Parent(s): \$ _____ Spouse: \$ _____
Other: _____
Total: \$ _____

NATIVE VILLAGE OF BARROW FINANCIAL AGREEMENT FORM

Phone: (907) 852-4411 Fax: (907) 852-4413 Mail: PO Box 1130 Barrow, Alaska 99723 E-Mail: workforce@nvbarrow.net

Student's Name: _____ **SSN:** _____

Student's Marital Status: () Married () Single () Divorced

Student's Dependency Status: () Dependent () Independent

I give permission for the college/training institution to release financial and academic information to Native Village of Barrow Social Service/Workforce Department.

Student's Signature

Date

School Year: _____ to _____
Semester System

_____ **Quarterly System** _____

Institution Name: _____
Address: _____

Phone: _____
Fax: _____
E-Mail: _____

College/University or Training Institution Budget

Comments

Tuition: _____
Fees: _____
Room: _____
Board: _____
Other: _____
Other: _____
Total Budget: _____

- () Student/Trainee has not yet applied for financial aid need cannot be determined
- () Student/Trainee applied late will not be considered for funding
- () Student/Trainee application is not complete and cannot be considered
- () Student/Trainee application is not complete and cannot be considered
- () Funds have been exhausted at institution

Student/Training resources and institution awards:

Funding Types	FALL	SPRING	SUMMER	TOTAL
CE				
ALASKA STUDENT LOAN				
COLLEGE SCHOLARSHIP				
PERKINS LOAN				
PELL GRANT				
PARENT/SPOUSE CONTRIBUTION				
GUARENTEED STUDENT LOAN				
TRIBAL ASSISTANCE				
TUITION EXEMPTION				
VETERAN BENEFITS				
OTHER (SPECIFY)				
OTHER (SPECIFY)				

Tuition Resource: \$ _____
Unmet Needs: _____

Signature of Financial Aid Official
Higher Education Application

Date

Institution Name: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

NATIVE VILLAGE OF BARROW FUNDING AGREEMENT FORM

Phone: (907) 852-4411 Fax: (907) 852-4413 Mail: PO Box 1130 Barrow, Alaska 99723 E-Mail: workforce@nvbarrow.net

I, _____, have read the Scholarship Grant Policies and Procedures. I understand that these funds are supplemental funds. I affirm that I have sought other funding resources to help fund my educational training needs listed below:

Semester: Spring/Summer/Fall
(Please Circle Semester)

Year: _____

Name of Accredited Institution

Address

City

State

Zip Code

Courses: (Please list your courses)

Dept.	Course #	Course Title	Dates/Time	Instructor

By signing this document I certify that I fully understand that if in the event that I do not complete the semester by dropping out or withdraw, that I must return the awarded amount back to Native Village of Barrow, furthermore, I understand that this can affect my future financial assistance requests for financial aid scholarship.

I also understand that if I do not return these funds I will not be awarded Higher Educational funds until all past due funds are returned to Native Village of Barrow.

DROP OR WITHDRAWAL

- All awarded funds will need to be reimbursed back to the Native Village of Barrow if a student decides to drop out of courses and does not complete the semester.
- If student fails to have funds reimbursed to Native Village of Barrow student will not be awarded for future funds.
- Native Village of Barrow will be billing the students.

Signature of Student

Date

Signature of Workforce Staff or Director

Date

RELEASE OF STUDENT INFORMATION

I, _____, authorize the institution listed below to release and/or share information regarding my academic grades and financial aid assistance, for the purpose of evaluating my higher education or adult vocational training application for services requested through the _____ semester/quarter. I understand that the information released will be treated in confidential manner and will not be released to other persons or agencies without my specific authorization.

Date of Birth: _____ SSN: _____ Student ID: _____

Name of College or University: _____

Contact name/department: _____

Phone Number: _____ Fax Number: _____

Please fax the following information:

Please fax this information to:

Native Village of Barrow Social Service/Workforce Department

PO Box 1130

Barrow, Alaska 99723

Phone: 907-852-4411

Fax: 907-852-4413

E-Mail: workforce@nvbarrow.net

I understand this release of information is good for one year from date signed, unless otherwise stated different. I also understand that I can revoke this release in writing at any time.

Signature of Student

Date

