

**Kanatak Tribal Council/Native Tribe of Kanatak**  
**Higher Education/Training Program**

**TRAINING APPLICATION**

Thank you for your interest in the Native Tribe of Kanatak/Kanatak Tribal Council Scholarship Program for Higher Education and Training. This program aims at providing training opportunities for tribal members. Our program provides assistance for members seeking vocational training primarily in career advancement but may be used for hands-on type training (construction, welding, etc...) workshops. A workshop may last from a few days to no more than 12 weeks.

In order to qualify for the program, you must : 1) enrolled Native Tribe of Kanatak Member; 2) Been accepted into a relevant training certification workshop or course; 3) Exhibited strong academic skills, or strong work performance, and be committed to completing your training program.

**Personal Information**

Name (Last)	(First)	(Initial)	Enrollment # or Social Security #
Home (permanent) mailing address			E-mail address
Address while attending school			E-mail address
( )			( )
Home (permanent) phone number			Phone number while at training
Occupation			( )
Employer			Work phone number
Year of high school graduation			GPA upon graduation

**Training Information**

Name of institution/school	Location
Business office address	( )
Type of training/courses	Phone number
	Dates of training

**Budget Information**

Estimated income for training from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Personal contribution	\$	_____
Family contribution	\$	_____

Other (please specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

Estimated expenses for training from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Tuition \$ \_\_\_\_\_

Fees (lab, activity) \$ \_\_\_\_\_

Books and supplies \$ \_\_\_\_\_

Dormitory/housing \$ \_\_\_\_\_

Meal ticket/grocery \$ \_\_\_\_\_

Travel to/from campus \$ \_\_\_\_\_

Other (please specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

### Statement of Honesty

I certify that the facts and information in this application and in any attachments or supporting documents are true and completed to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements, will void this application and I will be declared ineligible for financial assistance from any Kanatak Tribal Council program and be required to pay back any and all funds received from Kanatak Tribal Council.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\* Office Use Only\*\***

\_\_\_\_\_  
Amount Recommended

\_\_\_\_\_  
Amount Approved

Recommended By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Application Checklist

\_\_\_\_\_ Application, including:

\_\_\_\_\_ Acceptance letter from training institution

\_\_\_\_\_ Resume or Statement of Need (minimum 1 typed page)

\_\_\_\_\_ 2 letters of recommendation

\* All items listed on checklist must be submitted in order to consider this application complete. Applications that are not complete will not be considered for funding. We encourage all applicants to apply for other sources of funding. If you have any questions regarding the application process, you can contact the Kanatak Tribal Office at (907) 357-5991 or [kanatak@mtaonline.net](mailto:kanatak@mtaonline.net).

**Mail application to:**            **Kanatak Tribal Council**  
                                         **Attn: Scholarship Program**  
                                         **PO Box**  
                                         **Wasilla Alaska 99654**

**Or**

**Fax application to:**            **907-357-5992**