

## *Native Tribe of Kanatak*

*P.O. Box 876822 Wasilla, AK 99687 Office: 907-357-5991*

*Fax: 907-357-5992 Toll Free Fax: 855-KANATAK*

*Email to: kanataktribe@rocketmail.com or tessmcgowan@ymail.com*

# *Higher Education Scholarship Program*

### *Goal:*

*Provide needed financial assistance to eligible members of the Native Tribe of Kanatak for higher education or vocational/technical education thereby increasing the number of Tribal members with a post-secondary education.*

### *Scope:*

*The Native Tribe of Kanatak will assist with the application process and provide scholarships for higher education to qualified members.*

### *Program Eligibility:*

*The Native Tribe of Kanatak Higher Education Program may provide scholarships to Kanatak Tribal members who meet the following criteria:*

- Applicant must be currently enrolled in the Native Tribe of Kanatak*
- Applicant must have obtained a High School Diploma, GED or the equivalent*
- Applicant must be accepted and enrolled in an accredited college, university, vocational or technical school*

# Higher Education Scholarship Program

(continued)

- Applicant must show financial need, as evidenced by the free application for Federal Student Aid (Pell Grant) and/or the need by Native Tribe of Kanatak Needs Assessment.
- Applicant is expected to seek out other funding sources.

## Requirements:

- Applicants must submit a completed Native Tribe of Kanatak Higher Education Scholarship Program Application along with the required documentation outlined in the packet.
- Applicants who receive the Native Tribe of Kanatak Higher Education Scholarship **are required** to maintain a G.P.A. of 2.5 or higher.
- Applicants who do not maintain a G.P.A. of 2.5 or above will be placed on Academic Probation. Academic Probation will begin at the start of the next semester and continue for one year. If during that probation period the applicant brings their G.P.A. up to 2.5 or higher, they will be relieved of Academic Probation.
- Applicants who do not bring up their G.P.A. to at least a 2.5 during Academic Probation will be removed from the H.E.S. program and will lose eligibility for funding.

# Higher Education Scholarship Program

(continued)

- Applicants who receive the Native Tribe of Kanatak Higher Education Scholarship are expected to attend all classes regularly. Regular attendance is not missing more than 3 scheduled classes or as defined by the class professor.
- Applicants must successfully complete all classes and **may not** drop a class in order to maintain a G.P.A of 2.5.
- Applicant must follow the rules of the college, university, and vocational or technical school.
- All receipts for expenditures must be submitted to the Kanatak office within two weeks of purchase.
- Non-compliance with any of these requirements may result in suspension of funding and return of all funds that were approved.

## Outline of Program Services:

The Native Tribe of Kanatak may provide Higher Education Program Scholarships to eligible applicants which shall be applied to tuition, room and board, required text books, school supplies, uniforms, and transportation expenses related to attending a college, university, vocational or technical school that are not covered by financial aid.

# Higher Education Scholarship Program

(continued)

- *Counseling and Guidance services are available through the office of the Native Tribe of Kanatak to assist Kanatak members with preparing for college/vocational training, assist with the financial aid process, and assistance with academic and social progress.*
- *The Kanatak office will maintain a record for each applicant which will include; the completed Higher Education Scholarship Application, copies of completed FASFA forms and other completed financial documents, Final Semester grades, a copy of all receipts for expenses paid by the Higher Education Scholarship funds, all correspondence between the applicant and office pertaining to the Higher Education Scholarship Program and documentation of any Appeal.*
- *All completed Higher Education Scholarship applications will be acknowledged by the office of the Native Tribe of Kanatak Tribal and processed within thirty (30) days of receipt.*
- *Any applicant who wishes to appeal, on their own behalf, any decision made by the Native Tribe of Kanatak regarding their application or participation in the Higher Education Scholarship Program, must do so in writing and within 90 days.*

# Higher Education Scholarship Program

(continued)

## *Supplemental Program Services of the Native Tribe of Kanatak:*

- *Provide Kanatak members with information regarding financial aid, including assistance with completing the Free Application for Federal Student Aid (FAFSA).*
- *Provide supplemental information and applications (when available) for other potential scholarships and grants available to Kanatak members.*

## *Funding Stipulations:*

- *Maximum funding per academic year is set at \$7,000.*
- *The amount received may not exceed the dollar amount needed. The Financial Needs Assessment section of this application and the FAFSA form will indicate the dollar amount needed.*
- *The Native Tribe of Kanatak may consider exceptions or determine extenuating circumstances, provided that required documentation is received in a timely manner. All receipts must attest to a full accounting of valid expenditures of the amount of funding received from the Higher Education Scholarship Program.*

# Higher Education Scholarship Program

(continued)

<b>Personal Information</b>	Today's Date: ____/____/20____
First Name: _____ Middle Int. ____ Last Name: _____	
Address: _____ City: _____ State: ____ Zip: _____	
Home Phone: _____-_____-_____ Cell Phone: _____-_____-_____	
Email: _____	
Birthdate: ____/____/____ SS#: _____-_____-_____ M / F (Circle one)	
Kanakat Enrollment #: _____ (Must be a Kanakat Tribal member to apply)	
<b>High School or G.E.D. Information</b>	
Name of High School Attended: _____	
Address: _____ City: _____ State: ____ Zip: _____	
Main Phone: _____-_____-_____ Contact Name: _____	
Year Graduated: _____ or Year G.E.D. attained: _____	
G.E.D. Testing Center: _____ Phone: _____-_____-_____	
<b>Higher Education Information</b>	
Name of Institution: _____	
Address: _____ City: _____	
State: ____ Zip: _____ Main Phone#: _____-_____-_____ Ext: _____	
Financial Aid Office Phone#: _____-_____-_____ Contact Name: _____ (Circle one)	
School Year and Term: ____/20____ Freshman Sophomore Junior Senior	
Credits attempting: _____ Credits earned to date: ____ Present G.P.A.: _____	
Major: _____ Minor: _____ Expected Graduation Date: ____/20____	

# Higher Education Scholarship Program

(continued)

<b>Financial Aid Needs Assessment</b>		
*To be completed by Financial Aid Officer*		
<b>Personal Funds</b>		
Student Savings	\$ _____	
Family/Friend Contribution	\$ _____	
Tuition Waiver	\$ _____	
Grants/Awards Received	\$ _____	
Other	\$ _____	
<b>Total Personal Funds</b>	<b>\$ _____</b>	
<b>Financial Aid</b>		
List all Financial Aid Received and Expected		
Name of Financial Aid:	Expected Date of Approval:	Amount Expected to Receive:
1) _____	____/____/20____	\$ _____
2) _____	____/____/20____	\$ _____
3) _____	____/____/20____	\$ _____
4) _____	____/____/20____	\$ _____
5) _____	____/____/20____	\$ _____
		<b>Total \$ _____</b>
<b>Total Student Funding</b>		
Total Personal Funds	\$ _____	
Total Financial Aid	\$ _____	
<b>Total Funds Available</b>	<b>\$ _____</b>	

# Higher Education Scholarship Program

(continued)

<b>Estimated School Year Expenses</b>	
*Please include available invoices for all expenses	
School Tuition	\$ _____
Room and Board	\$ _____
Text Books	\$ _____
School Supplies	\$ _____
Uniforms	\$ _____
Transportation	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>
<b>Estimated Financial Need:</b>	
Total Expenses:	\$ _____
Total Funds Available	\$ _____
<b>Total Estimated Financial Need</b>	<b>\$ _____</b>

Financial Aid Officer (please print) \_\_\_\_\_ Contact number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

*I certify that this information is true and correct and any intentional misrepresentation will negate my participation and eligibility for the Higher Education Scholarship Program and may exclude me from other programs available through the Naïve Tribe of Kanatak.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

# Higher Education Scholarship Program

(continued)

As the Native Tribe of Kanatak Higher Education Program becomes more competitive each year, other factors may be used to assist the Tribal Council in their determination of tribal members who are awarded with this program. Therefore, it is requested that each applicant provide additional information along with this application.

**Student Achievements:**

College Board scores: Type \_\_\_\_\_ Score \_\_\_\_\_

In School Activities: (Clubs, Sports, Offices, Awards, etc.)

---

---

---

Out of School Activities: (Awards, Organizations, Church, Community Service, etc.)

---

---

---

\* Please write a single page essay that addresses the following questions:

- What are your educational and career goals and how do you plan to achieve these goals?
- Are there any obstacles that you need to overcome in order to achieve these goals? If so, how do you plan to overcome these obstacles?
- How will the Native Tribe of Kanatak benefit from your education?

\* Please attach 3 recommendation letters. (No relatives)

One Professional – ex.; Teacher, Employer, Pastor, etc.

Two Personal – ex.; Neighbor, Friend, etc.

# Higher Education Scholarship Program

(continued)

*Native Tribe of Kanatak Responsibilities:*

*The Native Tribe of Kanatak may approve or deny the Higher Education Scholarship award as well as determine the amount of the award in accordance with Tribal Policies. So long as these policies are administered uniformly, fair and according to the program requirements and eligibility.*

*The policy provides that all funding must be paid through the Institution's Financial Aid or Business office. The Native Tribe of Kanatak may consider exceptions in extenuating circumstances and receipt(s) support a full accounting of valid expenditures.*

*Maximum funding per school year is \$7,000. The Financial Need Assessment section determines amount of funding awarded.*

*Upon completion of a Higher Education Scholarship Application, the application will be submitted to office of the Native Tribe of Kanatak. The Council of the Native Tribe of Kanatak may review the contents of the application during an open Native Tribe of Kanatak membership meeting.*

*If the applicant is not satisfied with the decision of the Kanatak Tribal Council, the applicant can file an appeal in writing through the Kanatak office. Please contact the office at 907-357-5991.*

***I hereby certify that all information provided in the Higher Education Scholarship Application is true and correct. I understand that any intentional misrepresentation made by me will result in my removal from the Native Tribe of Kanatak Higher Education Program and I will be accountable for all funds released on my behalf.***

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_