



NATIVE VILLAGE OF KOTZEBUE

KOTZEBUE IRA

Email john.stalker@gira.org Mailing Address: P.O. Box 296 Kotzebue, AK 99752 ~
Phone:(907) 442-3467 ~ Toll Free:(800) 442-3467 ~ Fax:(907) 442-2162

Higher Education Scholarship Application

The mission of the Native Village of Kotzebue - Kotzebue I.R.A. Higher Education Scholarship Program is to financially assist eligible members of the Native Village of Kotzebue with the associated costs of pursuing a degree at an accredited postsecondary educational institution. This is a needs-based award. Students must show financial need after other sources of funding have been considered. The program is dependent upon the annual Federal budget process. Thus, the amount of finances available varies with appropriations made by the U.S. Congress. The NVOKs Higher Education Scholarship Program is a supplemental program. Therefore, applicants must apply for additional resources from other sources. This program is governed by the Code of Federal Regulations: 25 CFR 40.

Application Deadlines

- ❖ Fall Semester/Autumn Quarter August 1
- ❖ Spring Semester/ Winter Quarter..... January 10
- ❖ Spring Quarter February 15
- ❖ Summer Semester/Summer Quarter June 1

HE Eligibility Criteria

- The applicant must be an officially enrolled member of the Kotzebue I.R.A. As such, the applicant qualifies to receive tribal funding only from the Kotzebue I.R.A.
- The applicant must provide a copy of Certificate of Indian Blood (C.I.B.), indicating at least one-quarter (¼) quantum Alaska Native or American Indian blood.
- The applicant must be enrolled at an accredited postsecondary educational institution. Colleges and universities must be accredited by their authorized regional, state and/or national accrediting association. Religious postsecondary educational
- Institutions must be accredited, and course hours must be transferable to three non-religious postsecondary educational institutions. A letter confirming course hour transfer must accompany the application. Tribal postsecondary educational institutions need not be accredited, rather recognized by the Secretary of Education.
- The applicant must be at least eighteen years of age or obtain guardian or parental authorization.
- The applicant must prove financial need after financial resources from family contributions, grants, personal contributions, and other scholarships are utilized.
- The applicant must submit a complete application before the scheduled deadline. All applications received after the posted deadline will be returned to the applicant unopened.



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Application Process

Checkmark the following documents or information required to complete the application:

- Complete the Higher Education Scholarship Application
- Submit Verification of Tribal Enrollment to include a copy of CIB (see your Tribe for assistance)
- Submit Personal Statement of Future Goals and Career Plans
- Submit TWO letters of recommendation
- Submit a copy of Official High School/ College/GED Transcripts
- Submit a copy of Acceptance letter from Educational institution to attend
- Submit a Budget Forecast/ Need Sheet signed by a Financial Aid Officer at Institution
- Submit a copy of Student Aid Report (S.A.R.) from the Application for Federal Student Aid (F.A.F.S.A).

You can apply at www.fafsa.ed.gov

If you are a returning student, please submit only:

- Signed Personal Letter of Continuation
- Financial Need Sheet Signed by Financial Aid Officer at your institution
- Official Transcripts
- Class Schedule

Appeal Process

If the applicant expresses dissatisfaction with the decision to deny services, the NVOK Education Coordinator or other staff making the decision will review with the applicant 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 may request review by the Education Director. If the applicant continues to be dissatisfied after the Education Director has reviewed the evidence, the applicant has the right to appeal the denial within twenty (20) days of 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 NVOK Tribal Council requesting a hearing and explaining the reasons for which the hearing is requested.

When a hearing is requested, the NVOK Education Department staff will submit a written statement regarding the issue(s), facts, guidelines, and/or Code of Federal Regulations (CFR) upon which the decision is based. 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, or telephonically at the designated time and place of hearing; however it is the applicant's responsibility to make all arrangements and pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. The individual filing an appeal will be notified of the decision within five (5) days of the hearing. Upon extenuating circumstances, the NVOK Tribal Council may reschedule hearings.

Native Village of Kotzebue Education Department

Personal Information

Name: _____ Current Age _____
(First) (Middle) (Last) (Also Known As – or Maiden name)

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____ Gender: Male Female

Present Mailing Address: _____
(Street Address or P.O. Box) (City) (State) (Zip Code)

Home Phone: _____ Work / Cell: _____

Please provide a working email address,
Email Address: _____

Tribally enrolled at: _____ Enrollment Number: _____

Veteran? Yes No - Date of Discharge: _____ / _____ / _____ Registered with Selective Service? Yes No

Educational Status: High School Diploma - Year Graduated: _____ GED - Year obtained _____ OR Highest Grade Completed: _____
 College/Vocational Graduate - Type of Degree: Certificate AA/AAS BA/BS MA/MS Other: _____ Year _____

Applicant Ethnicity: (check all that Apply) Alaskan Native American Indian Other (specify): _____

Parent Information

Father's Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Present Mailing Address: _____
(Street Address or P.O. Box) (City) (State) (Zip Code)

Mother's Name: _____ Date of Birth: _____
(First) (Middle) (Last) (Also Known As – or Maiden name)

Present Mailing Address: _____
(Street Address or P.O. Box) (City) (State) (Zip Code)

Father/Mother's Employer: _____ Annual Income \$: _____

FOR OFFICE USE ONLY: Date Received: _____ Date Entered: _____ Initials: _____

Revised 11/11/2021

Native Village of Kotzebue Education Department

College/University Information

College/University Name: _____

Mailing Address: _____
(Street Address or P.O. Box) (City) (State) (Zip Code)

This school is:

- Quarterly
 Semester

Field of Study: _____

Expected Degree: [] AA [] BA [] BS [] MA [] Other: _____

Expected Graduation Date: _____

School Attendance:

- Part-Time (6-11 cr.)
 Full-Time (12+ cr.)

Year in College: [] Freshman [] Sophomore [] Junior [] Senior

Housing: [] On Campus [] Off Campus

Have you received a BIA Scholarship before? [] Yes [] No

If yes, date of last grant received: _____

Student Financial Information

	1 st Semester/Quarter	2 nd Semester/Quarter	3 rd Semester/Quarter
Savings:			
Earnings from school year:			
Parent Contribution:			
Total:			

Other Scholarships

Source:	Amount Applied for:	Awarded:

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds for denial of services and may lead to prosecution, fines, and imprisonment. I understand my name will never be used in any report and that all data will be kept strictly confidential within Native Village of Kotzebue. I have read and understand my rights and responsibilities.

Print Name: _____ Sign: _____ Date: _____

**AUTHORIZATION OF RELEASE OF
INFORMATION**

I hereby authorize the Native Village of Kotzebue/Kotzebue IRA, Education Director, to release all relevant and pertinent information contained in my records to the proper school authorities, if necessary, to facilitate and expedite my training and/or education.

I hereby authorize the Native Village of Kotzebue/Kotzebue IRA to release my name, school attended, course of study in which enrolled and dates of attendance, for their information deemed necessary to fulfill the Native Village of Kotzebue/Kotzebue IRA's statistical reporting and/or audit requirements.

I further authorize NANA Regional Corporation and BIA or their contract designates to release any necessary information contain in my employment assistance, social services, higher education, and stockholder records to:

Native Village of Kotzebue – Kotzebue IRA Education Director
P.O Box 296
Kotzebue, AK 99752

I understand that this authorization is voluntary. I understand that my records may contain sensitive information. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization. This authorization expires 2 years from the date of signature.

Signature of Applicant

Date

Print Name

NATIVE VILLAGE OF KOTZEBUE – KOTZEBUE I.R.A
P.O. BOX 296 KOTZEBUE, ALASKA 99752 * TELEPHONE 907.442.3467 * FAX 907.442.2162

FINANCIAL AID PACKAGE/NEED SHEET

Student Name: _____
 (First) (Middle) (Last) (Also Known As – or Maiden name)

Social Security Number: _____ - - Date of Birth: _____ / / Phone: _____

Mailing Address: _____
 (Street Address or P.O. Box) (City) (State) (Zip Code)

Email Address: _____ Accepted for admission: [] Yes [] No Year in Discipline: _____

Marital Status: _____ # of Dependents/Ages: _____

I give _____ permission to release the information in my financial College/University Aid academic files to the Native Village of Kotzebue – Kotzebue I.R.A Education Director.

 Student Signature

 Date

TO BE FILLED OUT BY FINANCIAL AID OFFICER

Please fill in appropriate information. You may fax this document, however original must be mailed.

College/University Budget

Tuition	\$
Fees	\$
Room	\$
Board	\$
Books	\$
Other(specify)	\$
Total Budget	\$

Comments

- Student has not applied for financial aid. Need cannot be determined.
- Student applied late. Will not be considered for funding.
- Student's application is incomplete and cannot be considered.
- Funds exhausted at institution.

STUDENT RESOURCES/INSTITUTION AWARDS FORECAST FOR TERM ENDING _____

TYPE OF AID	FALL	WINTER	SPRING	SUMMER	TOTAL
AFD					
Alaska Student Loans					
College Scholarship					
College Work Study Program					
National Direct Student Loan					
PELL Grant					
SEOG					
Social Security					
Tribal Assistance					
Student Contribution					
Tuition Exemption					
Veteran Benefits					
Other(specify)					

FINANCIAL AID OFFICER SIGNATURE (SIGN&PRINT)

TELEPHONE #

FAX#

E-MAIL ADDRESS