



Central Council of Tlingit and Haida Indian Tribes of Alaska
ALUMNI SCHOLARSHIP ASSISTANCE APPLICATION
Higher Education • 3239 Hospital Drive • Juneau, Alaska 99801

ALUMNI SCHOLARSHIP ASSISTANCE

The *Alumni Scholarship Assistance Program (ASAP)* is a supplementary scholarship available to enrolled members who are currently attending (or plan to attend) an accredited college or university in the pursuit of an education degree program. This is a one-time, per academic-year award. The ASAP is open to all enrolled Tlingit or Haida Tribal citizens regardless of service area, community affiliation, origination, residence, tribal compact or signatory status.

APPLICATION PERIOD

The ASAP application period runs July 1 through September 15. Documents received outside the application period will not be accepted, there are no exceptions. Applications received after the application period has closed will be returned to the applicant.

AWARD CONSIDERATION

To be considered for an award, the following documents must be received by the Higher Education office (3239 Hospital Drive, Juneau AK 99801) during the application period:

Completed ASAP Application (A completed application includes the Family of Origin, Vendor Setup, and Media Consent forms).

Letter of Acceptance/Admission (LOA) from college/university attending indicating degree program. The LOA copy **must** verify full-time enrollment and your declared degree program. Minimum credit enrollment requirements are twelve (12) for undergraduates, and nine (9) for graduates and above.

Official high school transcripts, GED scores OR college transcripts, whichever is most recent, indicating a cumulative 2.5 GPA for high school students and undergraduates, and 3.5 for graduates.

Cover Letter indicating:

- Financial need,
- List of academic, professional and/or personal activities, and
- Statement of personal goals.

ATTENTION, CURRENTLY FUNDED CSA APPLICANTS:

Currently funded CSA applicants are only required to submit a cover letter and completed ASAP application (see above for application requirements).

*The amount of the ASAP award is dependent upon funds raised throughout the year.
Award distribution takes place in December.*

If you have questions or need assistance with the ASAP application, contact the Higher Education office at 1.800.344.1432 ext. 7329, 907.463.7329, highereducation@ccthita-nsn.gov, or via fax at 1.888.965.9102.

ALUMNI SCHOLARSHIP ASSISTANCE APPLICATION

First & Last Name		Social Security #	
Email Address (Provided by Your School)	Email Address (Personal)	Tlingit & Haida Enrollment #	
Place of Residence		Home Phone #	
Mailing Address (Permanent)		Cell or MSG Phone #	
Mailing Address (While Attending School)		Marital Status	Married Single Separated Divorced Widowed
Place of Birth	Date of Birth	Sex M F	# of Dependents
High School Name & City/State Graduated or GED Facility & City/State Earned		Month/Year Graduated HS or Earned GED	
College Name	Student College ID #	Is this distance education/Internet training? Yes No	
Financial Aid Office Address		Financial Aid Officer's Name	
College Term Type	Full-Time Part-Time Quarters Tri/Semester Block	Financial Aid Office Phone #	
Expected Degree	Associate Baccalaureate Masters M.D. Juris Doctorate Ph.D.	Class Standing	Freshman Sophomore Junior Senior Graduate
Expected Major		Expected Graduation Date	

RESOURCES FOR COLLEGE <i>(Indicate "applied" if award amount is unknown)</i>		COLLEGE EXPENSES <i>For the Academic Year (9 Months)</i>	
College Scholarship	\$	Tuition	\$
College Loan	\$	Fees	\$
Federal Aid (PELL)	\$	Books	\$
Federal Aid (TANF/VA/Soc Sec)	\$	Supplies	\$
Federal Loan	\$	Room	\$
Native Corporate Scholarship	\$	Board	\$
Native Council Scholarship (Not T&H)	\$	Transportation	\$
Native/Private Scholarship	\$	Child Care (# of Dependents)	\$
Parent Contribution	\$	Personal Expenses	\$
Student Contribution	\$	Other:	\$
Tuition Exemption	\$	Other:	\$
Other (List any other funds available):	\$	Total Expenses	\$
Total Resources	\$	<i>Minus Total Resources</i>	\$
		= UNMET NEED	\$

<p style="text-align: center;">PERMANENT CONTACT</p> <p>Provide the following information on an individual who does not live with you, but who knows how to contact you if you move.</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Email: _____</p> <p>Phone #: _____</p> <p>Relationship to Applicant: _____</p>	<p style="text-align: center;">AUTHORIZATION FOR RELEASE OF INFORMATION</p> <p>I hereby authorize release of any and all information for financial aid and education purposes from State, Federal, and private agency records to Tlingit & Haida's <i>Alumni Scholarship Assistance (ASAP)</i> program. Yes No</p> <p style="text-align: center;">CERTIFICATION</p> <p>I certify to the best of my knowledge that the information on this application is accurate and true. I understand that the information is subject to verification. I further certify that any funds received under the ASAP will be used solely for expenses related to my attendance at the college listed on this application.</p> <p>_____</p> <p>Legal Signature of Applicant Date</p>
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FAMILY OF ORIGIN

Please Note: This form must be completed in order to be considered for an award.

Which Southeast Alaska Community Do You/Your Family Originate From? Please Check Community:

Angoon	Haines	Juneau	Ketchikan	Metlakatla	Saxman	Tenakee
Craig	Hoonah	Kake	Klawock	Pelican	Sitka	Wrangell
Douglas	Hydaburg	Kasaan	Klukwan	Petersburg	Skagway	Yakutat

Applicant's First Name	Applicant's Last Name	Applicant's Maiden Name
Place of Residence		T&H Enrollment #
Place of Birth	Date of Birth	Tlingit Quantum: _____ Haida Quantum: _____
Native Corporation		
Mother's First Name	Mother's Last Name	Mother's Maiden Name
Place of Residence		T&H Enrollment #
Place of Birth	Date of Birth	Tlingit Quantum: _____ Haida Quantum: _____
Native Corporation		
Father's First Name	Father's Last Name	T&H Enrollment #
Place of Residence		Tlingit Quantum: _____ Haida Quantum: _____
Place of Birth	Date of Birth	
Native Corporation		

By signing this form, I verify I am not applying for or do not plan to apply for higher education scholarship assistance from any other federally-funded or BIA higher education office. If I do, I understand my application and/or file may be closed for ineligibility based on receipt of funds from another federally recognized and funded tribal entity (**not including** Native corporation grants such as Sealaska, Huna Totem, etc.).

Legal Signature of Applicant

Date



Central Council Tlingit and Haida Indian Tribes of Alaska
REQUEST FOR VENDOR SETUP FORM
 Finance • 9097 Glacier Highway • Juneau, Alaska 99801
 Fax: 1.888.922.2520 • Email: financerequests@ccthita-nsn.gov

Request for Vendor Setup

(This form is used in lieu of the W9 form published by the Internal Revenue Service)

All required fields must be completed and signed before payment is issued.

New Update	
Legal Name (as shown on your tax return)	Social Security Number
Business Name (if different than above)	EIN (for business)
Mailing Address: _____ City: _____ State: _____ Zip: _____	Telephone Number: () _____ Email Address: _____

VENDOR TYPE

Non Taxable		1099 Vendor (Taxable)	
Client	Non-Profit	Landlord	Daycare Provider
Employee	Corporation	Attorney	Medical Provider
Council Delegate	Government	Sole Proprietor/Partnership	
Other (Specify) _____		Other (Specify) _____	

Certification:

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a US citizen (including a US Resident alien).

Certification instructions: you must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ **Date** _____

PENALTIES

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Debarment Certification:	Date:



Media Consent and Release Form

Throughout the school year, the Central Council of Tlingit and Haida Indian Tribes of Alaska (Tlingit & Haida) Higher Education students may be highlighted in efforts to promote educational activities and achievements. For example, students may be featured in materials to increase public awareness of our Higher Education program through the Tribe’s quarterly newsletter, Tribal Updates, newspapers, radio, TV, the web (website and social media), displays, brochures, and other types of media.

I, _____, hereby consent to participation in interviews, the use of quotes and the taking of photographs and/or recording of audio and videos of me on behalf of Tlingit & Haida. I also grant Tlingit & Haida the right to edit, use, and reuse my picture, portrait, and/or recordings in print, online, social media and all other forms of media without limitation as to time.

- a) This is with the understanding that neither Tlingit & Haida nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my participation.
- b) I further release and relieve Tlingit & Haida, its officers, employees, and other representatives from any liabilities, known or unknown, arising out of or in connection with the use of said photographs or audio/video recordings, including but not limited to, any claims for invasion of privacy or defamation.

I certify that I have read the Media Consent and Release form and fully understand its terms and conditions. This Media Consent and Release form will remain in effect until I revoke it in writing.

First and Last Name _____

Mailing Address _____

City, State, Zip _____

Daytime or Cell Phone # _____

Email Address _____

Signature

Date