

MANILAQ ASSOCIATION

Education Program

General Application

P. O. Box 256

Kotzebue AK, 99752

(907) 442-7652 or 7665 Phone

1-800-478-3312 Toll-Free

(907) 442-7765 Fax

*Direct Employment Applicants Complete Pages: 1&4

All information requested is voluntary; however, failure to fully complete all applicable parts may result in delays of processing this application, or make it impossible to process at all.

Name: _____
Last First M.I. Maiden
Address: _____
P.O./ Street City/State Zip Code
Telephone: _____ E-mail Address _____

Social Security Number: _____ Date of Birth: _____
Marital Status: Single Married Divorced Separated
Number of Dependents: _____ Veteran: Yes No
State of Residency: _____ Tribal Enrollment (Village): _____
Have you registered with Selective Service? Yes No If yes, when? _____

Parental Information

Fathers Name _____ Date of Birth _____
Home Address _____
Mothers Name _____ Date of Birth _____
Home Address _____
(If different from Above)

Student Financial Information

Student Contribution: _____
Parental Contribution: _____

List all the funding sources that you have applied for other than Maniilaq Education

Provider	Amount	Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background

High School Attended: _____

Address: _____

Highest Grade Completed: 9 10 11 12

Date of Graduation (High School) _____ OR G.E.D. : _____

Post-Secondary Education

Post-Secondary Institution: _____

Address: _____

This school is on: Semester Basis Quarter Basis

College Major/Vocational Certificate: _____

Expected Graduation Date: _____

Year: Freshman Sophomore Junior Senior

Expected Degree: AA BA BS MA Other: _____

I will be living: On Campus Off Campus With Parents Other

Academic Year: Spring Fall

I will be a: Full-time Student Part-time Student

Have you received a BIA Scholarship Grant before? Yes No

If yes, which years? _____

Have you received WIA Funding before? Yes No

If yes, which years? _____

Statement of education purpose: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with attendance at:

Name of Institution

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any BIA Grant awarded may be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcripts to the Maniilaq Education Program at the end of each academic term.

Signature

Date

Maniilaq Association – Higher Education

P.O. Box 256 Kotzebue, AK 99752--Telephone (907)442-7652 or 7665--Fax (907)442-7765

FINANCIAL AID PACKAGE/NEED SHEET

Students Name _____ Social Security No. _____

Mailing Address _____ Phone No. _____ D.O.B. _____

College/University _____ Maiden Name _____
Or Training Center

Mailing Address _____ Native Corp.: _____

Have you been accepted for admission? Yes No (if not, please notify this office as soon as you have been accepted.)

My Class will be: Freshman Sophomore Junior Senior Graduation Date: _____

I have earned _____ credits to date. I plan to enroll for _____ credits this term. My major is: _____

I am Single Married Divorced Separated Widow

Name of Spouse _____ Number & Ages of Dependents _____

I give _____ permission to release the information in my financial aid academic files

College/University/Training

to the Maniilaq Education Coordinator _____

Students Signature

Date

↓ To be filled out by a Financial Aid Officer **MAIL THIS FORM TO THE SCHOOL** ↓

COLLEGE / UNIVERSITY/TRAINING BUDGET:

Comments:

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

- Student has not yet 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 AND INSTITUTION AWARDS:

Forecast for term beginning _____ and ending _____

TYPE OF AID:	FALL	WINTER	SPRING	SUMMER	TOTAL
AFDC or Welfare					
Alaska Student Loan					
College Scholarship					
College Work Study Program					
National Direct Student Loan					
PELL Grant					
Parent/Spouse Contribution					
SEOG					
Social Security					
Student's Contribution					
Tribal Assistance					
Tuition Exemption					
Veteran's Benefits					
Other (Specify)					
Other					

Total Resources: \$ _____

Unmet Need: \$ _____

Financial Aid Officer signature _____ Date _____

Phone Number _____ Address _____

MANILAQ ASSOCIATION
Direct Employment
Schedule of Costs & Financial Resources

Part 1- Costs and Expenses

Cost and Expenses which applicant must pay in order to accept job offer:

Transportation - Applicant	\$
Transportation- Spouse	\$
Transportation- Family*	\$
Daily Transportation-First Month	\$
Moving expenses	\$
First Months Rent	\$
Utilities	\$
Utilities Deposit	\$
Food & Groceries (Until first paycheck)	\$
Tools *	\$
Equipment*	\$
Clothing	\$
Special Clothing*	\$
Other*	\$
Other*	\$
TOTAL	\$

* Must Specify, please attach list

Part 2- Financial Resources

Schedule of Financial Resources available to applicant:

Cash	\$
Checking Account	\$
Savings Account	\$
Parents or Spouse	\$
IRS Refund	\$
Regional Corp. Dividend	\$
Alaska PFD	\$
Other*	\$
Other*	\$

Signature _____

Date _____