



# MANIILAQ ASSOCIATION 477 WORKFORCE DEVELOPMENT

APPLICATION FOR SCHOOL YEAR 2018-2019

102.477 HIGHER EDUCATION (HE) SCHOLARSHIP APPLICATION

Please **contact us once you turn in your application** in for assistance, this will help avoid any delays or denials in your eligibility. You can contact us at **[scholarships@maniilaq.org](mailto:scholarships@maniilaq.org)** or by calling 907-442-7021.

**1<sup>st</sup> Time Applicants: \*Be advised you must also complete and submit a 477 Intake Assessment\***

<input type="radio"/> Higher Education (HE) – 1 <sup>st</sup> Time Applicants Eligibility Requirements	<input type="radio"/> Higher Education (HE) * <b>CONTINUING STUDENTS</b> * Eligibility Requirements
<p><b>Apply for:</b> Associates, Bachelor, and Graduate Level Degrees</p>	<p><b>Please note:</b> You are not considered “continuing” if you took a semester off from school and are now reapplying.</p>
<p><b>DEADLINE to Submit HE Application:</b> Fall Semester 2018 – Friday, 08/03/18, 5pm</p> <p>*You will have <u>30 days from application deadline</u> to submit all required documents*</p>	<p><b>DEADLINE to Submit HE Application:</b> Fall Semester 2018 – Friday, 08/03/18, 5pm</p> <p>*You will have <u>30 days from application deadline</u> to submit all required documents*</p>
<input type="radio"/> HE Application	<input type="radio"/> HE Application
<input type="radio"/> Proof of Applying for FAFSA	<input type="radio"/> Proof of Applying for FAFSA
<input type="radio"/> Tribal Enrollment – From Village IRA/Tribe	<input type="radio"/> Letter of Intent to Continue – Challenges of previous semester, any changes in major, what previous semester HE funds used for
<input type="radio"/> Acceptance Letter from School	<input type="radio"/> Unofficial Transcripts
<input type="radio"/> Class Registration or Schedule	<input type="radio"/> Class Registration or Schedule
<input type="radio"/> High School Diploma/GED or <b>Official</b> High School Transcripts <b>and Official</b> College Transcripts if already taken college courses	<input type="radio"/> Proof of Applying for other Scholarships – (letter/email)
<input type="radio"/> Letter of Intent/Essay – 500 Word Minimum	<p><b>“Education changes lives and scholarships make it affordable.”</b> - Shay Spivey</p>
<input type="radio"/> Selective Services Registration, for males 18+	
<input type="radio"/> One Letter of Recommendation	
<input type="radio"/> Proof of Applying for other Scholarships – (letter/email)	



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Check your email as well for correspondence from Maniilaq 477 Workforce Development Staff

### Applicant Information

Name: First	Middle	Last	Social Security Number		
<b>E-mail Address:</b>			Date of Birth:	Male <input type="radio"/>	Female <input type="radio"/>
Permanent Mailing Address:		City:	State:	Zip:	
Mailing Address while attending school:		City:	State:	Zip:	
Home Phone:	Message Phone:		Work Phone:		

### Educational Background

High School Attended	Highest Grade Completed:			
	9 <sup>th</sup> <input type="radio"/>	10 <sup>th</sup> <input type="radio"/>	11 <sup>th</sup> <input type="radio"/>	12 <sup>th</sup> <input type="radio"/>
Address:	City:	State:	Zip:	Date of Graduation:

### Post-Secondary Institution

College/University or Vocational School	Semester <input type="radio"/>	Quarter <input type="radio"/>	Term <input type="radio"/>								
Address	City	State	Zip								
Field of Study for training	Degree being sought (Certificate, AA, BA, BS, etc.)										
Academic year (check one)											
UNDERGRADUATE:	Freshman <input type="radio"/>	Sophomore <input type="radio"/>	Junior <input type="radio"/>	Senior <input type="radio"/>	or	GRADUATE:	1 <sup>st</sup> <input type="radio"/>	2 <sup>nd</sup> <input type="radio"/>	3 <sup>rd</sup> <input type="radio"/>	4 <sup>th</sup> <input type="radio"/>	5 <sup>th</sup> <input type="radio"/>
Start date	Expected Graduation Date										
Full-time Student <input type="radio"/>	Part-time Student <input type="radio"/>	On Campus <input type="radio"/>	Off Campus <input type="radio"/>	Other:							

### Other scholarships or funding applied for (List all even if you haven't received confirmation):

Organization:	Phone:	Amount:
Organization:	Phone:	Amount:
Organization:	Phone:	Amount:
Organization:	Phone:	Amount:
Organization:	Phone:	Amount:

**Statement of Truth:** Under penalty of perjury, I certify that all information contained in this application is accurate and true to the best of my knowledge. I understand that the information is subject to verification. I further certify that any funds received under the Maniilaq 477 Workforce Development Department will be used solely for expenses related to my attendance at the educational institution listed on this application:

Print Full Name

Sign

Date

Submit Complete Applications to:  
Maniilaq Association Workforce Development  
P: (907) 442-7021 Fax: 1-866-832-9350  
[scholarships@maniilaq.org](mailto:scholarships@maniilaq.org)

Revised 02.11.18



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## INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

**In order for your application to be processed, this form must be completely filled out.**

Participant Name:		Date of Plan:	
Are you currently employed? __Yes __No	If yes, where?		How long?
Highest grade completed:	Date graduated/received GED:	Date last attended school:	
<b>WHAT IS/ARE YOUR GOAL(S) TO OBTAIN SELF-SUFFICIENCY?</b>			
<b>Education Goal:</b> <i>example. GED, Vocational/Certificate, Associates degree, Bachelor's degree, Master's degree</i>			
<b>Career Goal:</b> <i>example. Nursing, Pilot, Office Administrator, Food Preparations, Cashier, Start a Business</i>			
<b>STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY</b>			
<b>Work Activities:</b>	<b>Education/Training:</b>	<b>Other Activities:</b>	
<input type="checkbox"/> Employment: __Full-time__Part-time	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills Instruction	
<input type="checkbox"/> Job searching	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting Skills Workshop	
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> ESL(English as a 2 <sup>nd</sup> Language)	<input type="checkbox"/> Childcare Assistance	
<input type="checkbox"/> Job Sampling or Job Shadowing	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Child Support	
<input type="checkbox"/> On-the-job training	<input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Substance Abuse Assessment	
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Substance Abuse Treatment	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

## REACHABLE PLAN AND GOALS

**(Applicant must complete at least 3 steps each semester/term to continue eligibility)**

REACHABLE GOAL #1 (Ex: Ensure other funding for upcoming semester)	START DATE	DATE TO BE ACHIEVED	ACTUAL COMPLETION DATE
Step 1. (ex. Get copies of scholarship applications & fill them out)			
Step 2. (ex. Submit scholarship to individual organizations)			
Step 3. (ex. Apply for FAFSA)			
REACHABLE GOAL #2 (Ex: Pass current semester)	START DATE	DATE TO BE ACHIEVED	ACTUAL COMPLETION DATE
Step 1. (ex. Pre-semester readiness/get books/attend orientation)			
Step 2. (ex. Attend all classes/complete assignments/semester involvement)			
Step 3. (ex. Pass semester with 2.0 GPA or greater)			

*I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of education and/or employment through specific action steps and I am required to follow the steps developed in the ISP. I must participate in educational activities and/or work activities that will promote my self-sufficiency, failure to do so may constitute suspension from the Employment & Training Program for a period of 60 days, but not more the 90 days. I also understand that if there are any changes to be made that I will contact my case worker in a timely manner to ensure my success in the Employment & Training Program.*

Signature of Applicant

Date

477 Workforce Development Staff

Date