



MANIILAQ ASSOCIATION 477 WORKFORCE DEVELOPMENT

102.477 HIGHER EDUCATION (HE) SCHOLARSHIP APPLICATION

Must be enrolled to one of the following Tribal Communities:

Ambler, Deering, Kivalina, Kobuk, Noorvik or Shungnak

Must be enrolled to:

Associates, Bachelor, and Graduate Level Degrees in accredited University

DEADLINE to Submit HE Application: Before Midnight AST
Spring Semester – 1st Friday in January
Fall Semester – 1st Friday in August
Summer Semester- 1st Friday in June - depending upon funding availability

After application received, you will have 30 days from deadline to submit all required documents.
Please contact us to ensure your application and all required documentation were successfully submitted.

Required documentation for a new or continuing applicant.

<input type="radio"/> Higher Education (HE) – 1st Time Applicants	<input type="radio"/> Higher Education (HE) * <u>CONTINUING STUDENTS</u> *
<input type="radio"/> HE Application	<input type="radio"/> Please note: You are not considered “continuing” if you took a semester off from school and are now reapplying.
<input type="radio"/> Intake Assessment Form	<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"/> Proof of Applying for other Scholarships – (letter/email)
<input type="radio"/> Acceptance Letter from School	<input type="radio"/> Official transcripts for Fall, and unofficial for Spring
<input type="radio"/> Class Registration or Schedule	<input type="radio"/> Class Registration or Schedule
<input type="radio"/> High school transcripts	<input type="radio"/> Updated Letter of Intent to Continue Courses- Must be signed and dated
<input type="radio"/> Official college transcripts, if applicable	
<input type="radio"/> Letter of Intent/Essay-Must be signed and dated	“ Intelligence plus character- that is the goal of true education.” -Martin Luther King Jr
<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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Applicant Information

Name: First Middle Last			Social Security Number			
E-mail Address:			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 th 10 th 11 th 12 th <input type="radio"/> <input type="radio"/> <input type="radio"/> <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 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th <input type="radio"/> 5 th <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: <input type="text"/>	

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

Revised 8/27/2020



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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:	
WHAT IS/ARE YOUR GOAL(S) TO OBTAIN SELF-SUFFICIENCY?			
Education Goal: <i>example. GED, Vocational/Certificate, Associates degree, Bachelor's degree, Master's degree</i>			
Career Goal: <i>example. Nursing, Pilot, Office Administrator, Food Preparations, Cashier, Start a Business</i>			
STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY			
Work Activities: <input type="checkbox"/> Employment: __Full-time__Part-time <input type="checkbox"/> Job searching <input type="checkbox"/> Volunteer Work Experience <input type="checkbox"/> Job Sampling or Job Shadowing <input type="checkbox"/> On-the-job training <input type="checkbox"/> Job Readiness <input type="checkbox"/> Other:_____	Education/Training: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> ESL(English as a 2 nd Language) <input type="checkbox"/> Adult Vocational Training <input type="checkbox"/> Literacy Improvement <input type="checkbox"/> Employment Counseling <input type="checkbox"/> Other:_____	Other Activities: <input type="checkbox"/> Life Skills Instruction <input type="checkbox"/> Parenting Skills Workshop <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Substance Abuse Assessment <input type="checkbox"/> Substance Abuse Treatment <input type="checkbox"/> Other:_____	

REACHABLE PLAN AND GOALS

(Applicant must complete as 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 than 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