

# MANILAQ ASSOCIATION WORKFORCE DEVELOPMENT PAARAQ SCHOLARSHIP APPLICATION



<input type="checkbox"/> New(First Time) Applicant
<input type="checkbox"/> Returning Applicant
<b>Semester School Deadlines</b> (Before Midnight AST)
<input type="checkbox"/> Fall - August 15th
<input type="checkbox"/> Spring January 15th
<input type="checkbox"/> Summer –June 15th

**Up to \$2500 per Term: Up to \$7500 a year for Tribal members**  
**Undergraduate Scholarship Amounts based on # of Credits**

Credits Enrolled	Semester Term	Quarter Term
12+ credits	\$2,500	\$1,875
9 – 11 credits	\$2,000	\$1500
6 - 8 credits	\$1,250	\$950
3 - 5 credits	\$625	\$450

**Post Graduate Scholarship Amount is \$2500**

<b>Quarter School Deadlines</b> (Before Midnight AST)
<input type="checkbox"/> Fall - August 15th
<input type="checkbox"/> Winter – Jan 15th
<input type="checkbox"/> Spring – March 15 <sup>th</sup>
<input type="checkbox"/> Summer – June 15 <sup>th</sup>

New Applicant Requirements:		
<input type="checkbox"/> Completed Application	<input type="checkbox"/> High School Transcripts/GED	<input type="checkbox"/> Acceptance Letter
<input type="checkbox"/> Class Registration- # of Credits	<input type="checkbox"/> Letter of Intent-300 words	<input type="checkbox"/> Official Transcripts
<input type="checkbox"/> Two Letters of Recommendation (within last 2 years)		<input type="checkbox"/> Verification of Tribal Enrollment
<input type="checkbox"/> Verification of Residency within the Maniilaq Service Area		

<b>Returning Applicant requirements:</b>
<input type="checkbox"/> Complete Application
<input type="checkbox"/> Residency Verification
<input type="checkbox"/> Official Transcripts:
<input checked="" type="checkbox"/> Fall Term
<input type="checkbox"/> Unofficial Transcripts:
<input checked="" type="checkbox"/> Winter Term
<input checked="" type="checkbox"/> Spring Term
<input checked="" type="checkbox"/> Summer Term
<input type="checkbox"/> Class Registration- # of Credits
<input type="checkbox"/> Letter of Intent- 300 words

**Applicant's responsibility:** contact WFD at 907-442-7021 to ensure your application has been received, and is complete. If your application is incomplete, **you will have 15 days from the screening review deadline to submit all required documentation.**

### Applicant Information:

Name: First                      Middle                      Last			Social Security Number:		
Maiden Name or Other Names Used:			Date of Birth:	Male:	Female:
Permanent Mailing Address:		City:	State:	Zip Code:	
Mailing Address while attending school:		City:	State:	Zip Code:	
Home Phone:	Cell Phone:		Work Phone:		
E-mail Address:					

### Academic Records: (Current School)

College/University:		
Address:	City, State:	Zip Code:
Major:	Credits Earned to Date:	Cumulative GPA:

### Academic Records: (Previous School)

College/University:		
Address:	City, State:	Zip Code:
Major:	Credits Earned to Date:	Cumulative GPA:

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MANIILAQ  
ASSOCIATION

**Tribal Enrollment:** (Please circle where you are tribally enrolled to or write in "other.")

<b>Ambler</b>	<b>Buckland</b>	<b>Deering</b>	<b>Kiana</b>	<b>Kivalina</b>	<b>Kobuk</b>	<b>Kotzebue</b>
<b>Noatak</b>	<b>Noorvik</b>	<b>Point Hope</b>	<b>Selawik</b>	<b>Shungnak</b>	<b>Other:</b> _____	

**Family/Living Situation:**

<input type="checkbox"/> Single	<input type="checkbox"/> Living as a Couple	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> Single Individual	<input type="checkbox"/> 1 Parent Family	<input type="checkbox"/> 2 Parent Family	<input type="checkbox"/> Teen Parent	<input type="checkbox"/> Pregnant	
<input type="checkbox"/> Own Home	<input type="checkbox"/> Rent Home	<input type="checkbox"/> Relatives/Friends	<input type="checkbox"/> Rent Home	<input type="checkbox"/> Other:	_____

**Education History:** (MUST provide an answer for the most recent or present employment)

High School Diploma Date    /    /       GED Date    /    /
HS Dropout/No GED Highest Grade Completed _____
<input type="checkbox"/> Some College No Degree <input type="checkbox"/> AA/AAS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Vocational Training

**Employment History:**

When you were last employed (date)? \_\_\_\_\_ and what was your last hourly wage? \_\_\_\_\_

**Goals:** (Please Check One)

<input type="checkbox"/> Obtain employment	<input type="checkbox"/> Advance in current occupation	<input type="checkbox"/> Gain work experience
<input type="checkbox"/> Obtain Alaska Driver's license/Commercial Driver's License (CDL)	<input type="checkbox"/> Educational Improvement	
<input type="checkbox"/> Earn High School diploma/GED	<input type="checkbox"/> Obtain Child Care Assistance	<input type="checkbox"/> Become a child care provider
<input type="checkbox"/> Earn College Degree	<input type="checkbox"/> Receive Vocational Certificate	<input type="checkbox"/> Other:

**Class Standing:** What is your grade level?

<input type="checkbox"/> Never Attended College/1 <sup>st</sup> Year	<input type="checkbox"/> Attended College Before/1 <sup>st</sup> Year	<input type="checkbox"/> 2 <sup>nd</sup> Year/Sophomore
<input type="checkbox"/> 3 <sup>rd</sup> Year/Junior	<input type="checkbox"/> 4 <sup>th</sup> Year/Senior	<input type="checkbox"/> 5 <sup>th</sup> Year/Other Undergraduate
<input type="checkbox"/> Continuing Graduate		

Applicants Full Name

Signature

Date

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## APPLICANT APPEAL/ GRIEVANCE PROCESS

Maniilaq Workforce Development has established a uniform appeal and grievance procedure applicable to all participants within our programs. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal for Maniilaq Workforce Development programs is presented and resolved by the Maniilaq Association Tribal Government Administrator. All appeals and grievances must be in writing and submitted within twenty (20) business days of the action being appealed. Participants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). An appeal/ grievance may be sought by any participant within our programs who believe that a violation of the policies has occurred or to further research eligibility or payment determination.

The following procedure shall be used as the means of settling such appeal and/ or grievances:

- Step 1.** The participant will first make his/her complaint in writing known to his/her case worker, within 20 days of the incident.
- Step 2.** If the matter is not resolved to the satisfaction of the participant, the participant will immediately put such complaint in writing and submit this for review to the WFD Deputy Director at P.O. Box 256 Kotzebue, AK 99752.
- Step 3.** If the matter is not resolved to the satisfaction of the participant, the participant will immediately request in writing, that the complaint be reviewed by the Workforce Development Director.
- Step 4.** If the matter is not resolved to the satisfaction of the participant, the participant will immediately request, in writing a review by the Tribal Government Services Administrator.

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## Authorization for Release of Information

I, \_\_\_\_\_, hereby authorize the release of information requested by the Maniilaq Association Workforce Development (WFD). I authorize Workforce Development to obtain and exchange information related to my applications to participate in their programs. This release of information shall be in effect while I am an applicant or recipient of subsidy from Workforce Development.

Organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors, stock and grantees, Health Care Providers, Tax Assessors, Financial Institutions, Native Corporations, Stock Brokerage Firms, Landlords, Employers, School Authorities, and Tribal Government Services.

College/University:			
Address:	City:	State:	Zip Code:
Major:	Credits Earned to Date:	Cumulative GPA:	

I certify that all information contained in this application is accurate and true to the best of my knowledge and understand that the information is subject to verification.

\_\_\_\_\_  
Applicants Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date