



Higher Education Scholarship Application

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752

Phone: (907)442-7021 | Fax: 1-907-442-7025 | email: etprogram@maniilaq.org

The Higher Education Scholarship provides financial assistance to individuals who are enrolled into a federally recognized tribe within the Maniilaq service area. Applicants must be accepted into an accredited institution pursuing a degree program.

First Time Applicant Tribes authorized to receive this scholarship: Ambler, Deering, Kivalina, Kobuk, Noorvik, and Shungnak. Please contact your tribe (IRA) directly, if you are enrolled to Buckland, Kiana, Kotzebue, Noatak, or Selawik.	Returning Applicant Tribes authorized to receive this scholarship: Ambler, Deering, Kivalina, Kobuk, Noorvik, and Shungnak. Please contact your tribe (IRA) directly, if you are enrolled to Buckland, Kiana, Kotzebue, Noatak, or Selawik.
Applying for: Associates, Bachelor, and Graduate Level Degrees	Please note: You are not considered “returning” if you took a semester off from school and are now reapplying.
DEADLINE Spring Semester – January 15th at 5pm AST Fall Semester – August 15th at 5pm AST Summer Semester – June 15th <i>*You will have 30 days from application deadline to submit all required documents*</i>	
<input type="radio"/> Tribal Enrollment – Village IRA	<p>“Education changes lives and scholarships make it affordable.” – Shay Spivey</p>
<input type="radio"/> Selective Services Registration (Males 18 & Older)	
<input type="radio"/> High School Diploma/GED or Official Transcripts	
<input type="radio"/> Acceptance Letter from school	
<input type="radio"/> Career Goal Essay- 300 Words	
<input type="radio"/> One Letter of Recommendation	
<input type="radio"/> Class registration for current term	
<input type="radio"/> Budget Need Sheet from school	
<input type="radio"/> Official Transcripts from school for New and Fall applicants, or Unofficial Transcripts for Spring, and Summer terms.	
<input type="radio"/> Proof of applying for FAFSA	
<input type="radio"/> Proof other financial resources Resources include: other local & regional scholarships	
Check your email as well for correspondence from Maniilaq Workforce Development Staff	

The goal of the Higher Education program is to increase self-sufficiency. Each Higher Education recipient must work with the caseworker to develop and sign an Individual Self-Sufficiency Plan (ISP). The plan must outline the specific steps the individual will take to increase independence by meeting the goal of education and/or employment.



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Applicant Information

Full Name		Social Security Number	
Email Address			
Mailing Address	(PO Box)	(City, State, Zip code)	
Physical Address	(Street Name)	(City, State, Zip code)	
Phone Number (H)	(W)	(C)	
Veteran <input type="radio"/> No <input type="radio"/> Yes, Discharge Date:		Selective Services Registration (Males only) <input type="radio"/> Yes <input type="radio"/> No	
Marital Status (Please check one)	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed
Household Type (Please check one)	<input type="radio"/> Single Individual	<input type="radio"/> Single Parent	<input type="radio"/> 2 Parent Family <input type="radio"/> Foster Family

Household Information - List all persons residing permanently in your household. If you need additional space use another sheet of paper.

Name	Relationship	DOB	Village IRA Tribal Enrollment	Highest Grade Completed	Monthly Income
	Self				

University/College/Institution

Name	
Address	
Field of Study or Training	<input type="radio"/> Full-time Student <input type="radio"/> Part-time Student
Start date	Expected Graduation Date

Employment information

Current or Last Employer	Address and phone number	
Circle one: Full-Time Part-Time Relief/On-call	Hourly Wage	Last Date of Employment

Barriers (will determine priority level)

<input type="checkbox"/> Currently employed/low income	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Unemployed (15+ weeks)	<input type="checkbox"/> Disabled
<input type="checkbox"/> Substance Abuse Issues	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Living in Rural Area	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Public Assistance/Child Support	<input type="checkbox"/> No Driver's License	<input type="checkbox"/> Pregnant/Teen Parent	<input type="checkbox"/> Lack of work history
<input type="checkbox"/> No GED or High School Diploma	<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Lack of Degree



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INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Name of Applicant	Date of Plan
What are your short-term employment goal(s) to reach self-sufficiency?	
What are your long-term employment goal(s) to become self-sufficient?	

BARRIERS TO YOU AND/OR YOUR FAMILY (CHECK ALL THAT APPLY)

<input type="checkbox"/> Currently employed/low income <input type="checkbox"/> Living in Rural Area <input type="checkbox"/> Lack of work in Village/Town <input type="checkbox"/> High school dropout/no GED <input type="checkbox"/> Unemployment (15 or more weeks) <input type="checkbox"/> Long Term Public Assistance <input type="checkbox"/> In treatment (Substance, Grief, other)	<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Disabled <input type="checkbox"/> Lack of degree <input type="checkbox"/> No Driver's License <input type="checkbox"/> Foster Care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Homelessness	<input type="checkbox"/> Public Assistance <input type="checkbox"/> Criminal History <input type="checkbox"/> Domestic Violence <input type="checkbox"/> 477 Participant <input type="checkbox"/> Teen Pregnancy/Parenting <input type="checkbox"/> In correction facility/Third-party Release date: _____
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Goal # 1	(Example: Get Driver's License)	Date you plan to complete this goal/step?
Step 1	(Example: Study DMV manual)	
Step 2	(Example: Take written test)	
Step 3	(Example: Take driving test)	
Goal # 2	(Example: Create an account on AlaskaJobs.gov)	Date you plan to complete this goal/step?
Step 1	(Example: Gather all my employment history and update my resume)	
Step 2	(Example: Print a copy of my resume and submit to my caseworker)	
Step 3	(Example: Post updated resume on the website)	

I agree to work together with my assigned Case Worker/Manager to develop and prepare an *Individual Self-Sufficiency Plan (ISP)*, which details my individual needs and the steps I will take to achieve my goals. I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment or education, through the steps established above, and that I am required to follow the steps to remain compliant for services. I further understand that a **determination of eligibility does** not guarantee services and that not all services will be financial in nature. I understand priority is given to those who have not previously received services. Failure to complete three (3) of the six (6) steps above may disqualify me from receiving 477 services for a period of 60 days, but not more the 90. I also understand that if there are any changes in my information, that I will contact my caseworker or WFD staff in a timely manner to ensure my information is current.

Signature of Applicant	Date	Workforce Development Caseworker	Date
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CASEWORKER ONLY – Please make calendar reminder to follow up for 30, 90 and 180 days from plan date.
 Follow up completed on _____ by _____

Outcome: _____



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APPLICANT GRIEVANCE AND APPEAL PROCESS

WFD has established a uniform grievance and appeals procedure applicable to all participants and tribal staff within the 477 program engaged in any type of activity under the 477 Plan and the Workforce Development Program. The procedure will ensure due process and establishes a series of levels, starting with informal resolution at the staff level. The final level of appeal can be to the WFD Director of Maniilaq Association.

The following procedure shall be followed in the event of applicants submitting a complaint:

Step 1. The applicant may submit his/her written complaint that includes a clear description of the section of the program policy and/or process that was not followed within 7 days of notice of determination.

Step 2. Administration will review and research the determination, and respond in writing within 7 days of it's response to the complaint.

Step 3. In the event that the applicant provides new relevant information regarding his/her original complaint in writing within 7 days of administrations response, WFD Director will review and research the determination, and respond in writing within 7 days of receipt.

ALCOHOL/DRUG FREE WORKPLACE/NO FIREARMS ALLOWED: Maniilaq Association maintains a safe and secure drug free workplace and does not allow illegal substances, drug paraphernalia, or firearms upon its property.

CONFIDENTIALITY: Any information I provide or that is obtained or received on my behalf is considered confidential. I understand all WFD Employment & Training staff are required to maintain confidentiality of participants unless otherwise noted in the release of information to which I agree.

CLIENT RIGHTS & RESPONSIBILITIES

As a client, you have the right to be treated with respect; to be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, age, disability or income status. Maniilaq Association 477 Programs will keep your information confidential. You have the right to discuss any action taken on your application or your case with your case worker or with your case worker's supervisor.

You have the responsibility to treat staff with respect; report changes in your household within 10 days which includes but not limited to: end of employment, change of wage rate, change of part-time to full-time or full-time to part-time; changes on address, schools or training locations; type of degree or training program. I understand that Federal Law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals, or voices up by any trick, scheme or devise a material fact, or makes any false fictions or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both". I understand that if I acquire services fraudulently, that I am subject to prosecution under 18 U.S.C. 1001 which carries a fine and or imprisonment. I understand that a home visit may be required for some program services.



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Authorization for Release of Information

I _____ (applicant) and _____ (parent, if applicant is under 18 years old) hereby authorize the release of information requested by Maniilaq Association Workforce Development. I authorize Workforce Development to obtain and exchange information related to my application. This release of information shall be in effect while I am an applicant or recipient of Workforce Development Services.

Organizations that may be contacted include, but are not limited to the Department of Public Safety, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local government, public assistance program, Financial Institutions, Native Corporations, Landlords, Employers, School Authorities, and Tribal Government Services.

Printed Name of Applicant

Date

Printed Name of Parent (if minor applicant)

Date

Signature of Applicant

Signature of Parent (if minor applicant)