

**BRISTOL BAY NATIVE ASSOCIATION**

P.O. BOX 310  
DILLINGHAM, ALASKA 99576  
PHONE (907) 842-5257



- Aleknagik*
- Chignik Bay*
- Chignik*
- Lagoon*
- Chignik Lake*
- Clarks Point*
- Curyung*
- Egegik*
- Ekuk*
- Ekwok*
- Igiugig*
- Iliamna*
- Ivanof Bay*
- Kanatak*
- King Salmon*
- Kokhanok*
- Koliganek*
- Levelock*
- Manokotak*
- Naknek*
- New Stuyahok*
- Newhalen*
- Nondalton*
- Pedro Bay*
- Perryville*
- Pilot Point*
- Port Heiden*
- Portage Creek*
- South Naknek*

February 24, 2021

Dear Higher Education Applicant;

Enclosed is a Bristol Bay Native Association (BBNA) Higher Education application for the school year 2021-2022.

**Please note that there are changes for deadlines.** The deadline for a **complete** application for the Fall Semester is **4:30 pm on June 15, 2021** and if you are applying for the Spring Semester, it is due **4:30 pm on January 3, 2022**.

Please make sure to include all necessary information requested when turning in your application. Any application received after these deadlines or if your application packet is incomplete by the deadline, your application will be denied.

Please do not hesitate to contact us if you have any questions and we look forward to working with you to achieve your educational goals.

Sincerely,

Carol Luckhurst  
Division Manager; Education, Employment & Training

**DEADLINES:**

**Fall 2021 Semester Application is due June 15, 2021**

**Spring 2022 Semester Application is due January 3, 2022.**



### HIGHER EDUCATION ADDENDUM

Please check the term you are applying for:

- Fall – DEADLINE IS JUNE 15, 2021**
- Spring – DEADLINE JANUARY 3, 2022**

**\*\*\*Incomplete applications or applications received after the deadline will be denied\*\*\***

**Bureau of Indian Affairs (BIA) Education Grants:** The Higher Education program may provide a BIA grant to Alaska Native students who meet the following requirements: BBNA Workforce accepts Higher Education applications from full-time and part-time students who are in need of financial assistance to attend various accredited schools that have college degree programs.

Prove **TRIBAL AFFILIATION** with a BBNA compacting tribe who is at least ¼ degree Indian, Eskimo or Aleut blood descendant of a member of a tribe who has an authorizing resolution to BBNA.

#### Bristol Bay Communities:

- |                   |                    |                 |              |
|-------------------|--------------------|-----------------|--------------|
| Aleknagik         | Chignik Bay        | Chignik Lagoon  | Chignik Lake |
| Clarks Point      | Dillingham/Curyung | Egegik          | Ekwok        |
| Ekuk              | Igiugig            | <b>*Iliamna</b> | Ivanof Bay   |
| Kokhanok          | King Salmon        | Koliganek       | Levelock     |
| Manokotak         | <b>*Naknek</b>     | Newhalen        | New Stuyahok |
| <b>*Nondalton</b> | <b>*Pedro Bay</b>  | Perryville      | Pilot Point  |
| Portage Creek     | Port Heiden        | South Naknek    | Togiak       |
| Twin Hills        | <b>*Ugashik</b>    |                 |              |

**\*BBNA cannot provide Higher Education services; please contact Tribal Council for services\***

#### NEW APPLICANT REQUIREMENTS:

- Complete BBNA Workforce Application (*BBNA WFD App Page 1-5*)
- Higher Education Requirements and Responsibilities (*HE Addendum Page 2 of 4*)
- Sources of Financial Aid (*HE Addendum Page 3 of 4*)
- Financial Aid Budget Forecast Sheet (*HE Addendum Page 4 of 4*)
- Acceptance Letter from School
- Most Recent Transcripts (Unofficial Transcripts Accepted)
- Copy of Student Aid Report (FAFSA Website: <http://www.fafsa.ed.gov/> ; print full SAR)
- Copy of Tribal Enrollment Card
- Copy of State ID
- Males 18 + Years Must Submit Proof of Selective Service Registration

If you have any questions please don't hesitate to contact us.  
Best wishes with your academic achievements!



**WFD APPLICATION**

**NAME:** \_\_\_\_\_  
 (First) (Middle) (Last) (Also known as / Maiden Name)

**SOCIAL SECURITY #** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER:**  Male  Female

**MAILING ADDRESS:** \_\_\_\_\_  
 (P.O. Box #) (City) (State) (Zip Code)

**PHYSICAL ADDRESS:** \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)

**HOME #** ( ) - \_\_\_\_\_ **WORK #:** ( ) - \_\_\_\_\_ **CELL #:** ( ) - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**TRIBAL ENROLLMENT:** (Please circle one or indicate "Other" and provide a Copy of Tribal Card)

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake	Clarks Point	Dillingham	Egegik
Ekuk	Ekwok	Igiugig	Iliamna	Ivanof Bay	Kanatak	King Salmon
Kokhanok	Koliganek	Levelock	Manokotak	Naknek	New Stuyahok	Newhalen
Nondalton	Pedro Bay	Perryville	Pilot Point	Port Heiden	Portage Creek	South Naknek
Togiak	Twin Hills	Ugashik				

Other: \_\_\_\_\_ BBNC Shareholder?  No  Yes BBNC Shareholder Descendant?  No  Yes

**ETHNICITY:**  Alaska Native  American Indian  Asian  African American  Hispanic or Latino  
 Native Hawaiian  Pacific Islander  Caucasian  Other: \_\_\_\_\_

**UNITED STATES CITIZEN?**  Yes  No – Work Permit # \_\_\_\_\_

**SELECTIVE SERVICE REGISTERED:**  Yes  No **VETERAN:**  No  Yes - **Date of Discharge:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FAMILY / LIVING SITUATION:** (Please check ALL that apply)

**MARITAL STATUS:**  Single  Living as a Couple  Married  Separated  Divorced  Widowed

**FAMILY STATUS:**  Single Individual  One Parent Family  Two Parent Family  Teen Parent  Pregnant

**LIVING SITUATION:**  Own Home  Rent Home  Rent Room  Multi-family Home  Overcrowded Living Situation

Homeless-Describe: \_\_\_\_\_  Other-Describe: \_\_\_\_\_

**EDUCATIONAL STATUS:**  Student: Current Grade: \_\_\_\_\_  HS Dropout: Highest Grade Completed: \_\_\_\_\_

High School Graduate – Year: \_\_\_\_\_  GED Graduate – Year: \_\_\_\_\_  Some College/No Degree

College Graduate: Type of Degree:  AA/AAS  BA/BS  MA/MS  Vocational Graduate: \_\_\_\_\_

**EMPLOYMENT HISTORY:** (Last or Present) Number of Jobs within the last year: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Brief Descript of Job Duties: \_\_\_\_\_

Salary:  Starting Hourly Wage: \$ \_\_\_\_\_  Ending Hourly Wage: \$ \_\_\_\_\_  
 Seasonal Wage: \$ \_\_\_\_\_  Annual Wage: \$ \_\_\_\_\_

Dates Worked: From: (Month/Year) \_\_\_\_\_ To: (Month/Year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT SKILLS:** (Please check ALL that apply)

- Alaska Driver's License    Commercial Driver's License    Heavy Equipment Operator    Hazwoper Certification  
 CPR/First Aid Certified    Asbestos Certification    Electrician    Carpenter    Mechanic    Plumber  
 Welder    Laborer    Flagger Certified    Fisherman - Permit Holder:  Yes  No -  Set-Net or  Drift  
 Subsistence Provider    Other Self Employment    Traditional Craftsman: Carving/Beading/Sewing  
 BBNA Child Care Provider    State Licensed Child Care Provider  
 Multi-line Phone System    Fax Machine    Copy Machine    10-Key Calculator    Typing – WPM: \_\_\_\_\_  
 Computer Skills:  Word Processing    Excel    PowerPoint    Publisher    Outlook    Web Design    CAD

Other Software: \_\_\_\_\_

Additional Skills: \_\_\_\_\_

**CURRENT EMPLOYMENT STATUS:** (Please check ALL that apply)

- Full-time Employed    Part-time Employed    Seasonal Employed-In Season    Seasonal Employed– Not in Season  
 Hold Multiple Jobs    Unemployed    Collecting Unemployment – 15+ weeks:  Yes  No  
 Dislocated Worker    Migrant Worker    Not in the Labor Force  
 On Public Assistance (ATAP, TANF, General Assistance (GA), Food Stamps, etc.)  
 Receiving    Received within last 6 months    Long-term TANF/GA Recipient

**EMPLOYMENT BARRIERS:** (Please check ALL that apply)

- Currently Employed- Low Income    Lack of Child Care    Lacks Significant Work History    Lack of work in Village  
 Living in a Rural Area    Homemaker    Limited English Proficiency- Require translator-  Yes  No  
 Substance/Alcohol Abuse    Never had Driver's License    License Revoked/Suspended    No Transportation  
 Documented Disability  No  Yes-Describe: \_\_\_\_\_  
 In Specialized Treatment (Substance Abuse, Behavioral Health, API, etc.) Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 In Correctional Facilities – Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Open Court Case/s -  Yes  No  
 Offender – Probation ends: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Felony    Misdemeanor  
 On Third Party Custody – Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 None of the above

Some BBNA WFD services are subject to drug testing. **ARE YOU WILLING TO TAKE A DRUG TEST?**  Yes  No**EMPLOYMENT GOALS:** (Please check ALL that apply)

- Obtain a Job    Retain Current Job    Advance in Current Job  
 Obtain Alaska Driver's License/Commercial Driver's License (CDL)  
 Earn High School Diploma    Obtain GED    Earn College Degree    Earn Vocational Certificate    Educational Gain  
 Receive Child Care Assistance    Receive Self Employment Activity Assistance (Carving, Beading, Sewing, etc.)

**PRIORITIZED GOALS:**

- Employment Goal** \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 **Training Goal** \_\_\_\_\_  
(Name of School) (Name of Program)  
 Anticipated Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 **Education Goal** \_\_\_\_\_  
(Name of School) (Type of Degree) (Major)  
 Anticipated Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 **Other Goal-** Describe: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**HOUSEHOLD MEMBERS:** (Please list ALL household members)

First, MI and Last Name	Relationship to Applicant	Tribal Enrollment	Date of Birth	Social Security #

**Types of Income:** (Please use code in Type of Income column)

- |   |                                       |   |
|---|---------------------------------------|---|
| <b>WA</b> – Wages                         | <b>TT</b> – Tribal TANF               | <b>FC</b> – Foster Care Payments          |
| <b>SEA</b> – Seasonal Work / Fishing      | <b>WC</b> – Workers Compensation      | <b>BIA</b> – BIA General Assistance       |
| <b>SE</b> – Self Employment               | <b>BP</b> – Bingo / Pull-tab Winnings | <b>SL</b> – Student Loans / Grants        |
| <b>DI</b> – Dividends                     | <b>UI</b> – Unemployment Benefits     | <b>IN</b> – Interest                      |
| <b>SSI</b> – Supplemental Security Income | <b>TI</b> – Tips and Gratuity         | <b>CS</b> – Child Support & Alimony       |
| <b>SSA</b> – Social Security              | <b>RI</b> – Rental Income             | <b>APA</b> – Adult Public Assistance      |
| <b>PFD</b> – Permanent Fund Dividend      | <b>VB</b> – Veterans Benefits         | <b>PE</b> – Pension (Other than VB)       |
| <b>GR</b> – General Relief                | <b>FLS</b> – Family Support (Explain) | <b>CO</b> – Cash out Retirement / Pension |
| <b>OT</b> – Other (Explain)               |                                       |   |

**Household Income:** (Please list ALL household members' income; provide copies of all household income)

Household Member Name	Type of Income Code	Weekly	Gross Income Amount	Form of Proof	Last day received or worked
		Bi-weekly			
		Semi-Monthly			
		Monthly			
		Annually			
		Seasonal			

*I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are ground to denial of services and may lead to prosecution, fines and imprisonment. I understand that my name will never be used in any report and that all data will be kept strictly confidential within BBNA. I have read, and understand my rights and responsibilities.*

**PRINT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**Bristol Bay Native Association - Workforce Development**  
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262  
Fax 907-842-3498 • [www.bbna.com](http://www.bbna.com)

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL.**

*I authorize and release any and all information needed by Bristol Bay Native Association (BBNA) Workforce Development Center (WFD) or its agents within the Department of Law. I understand the requested information will only be used in the administration of BBNA and BBNA Workforce Development services, and will not be released to any other person or agency outside BBNA or its agents within the Department of Law.*

*Persons or organizations that may be contacted include, but are not limited to: Department of Law; Department of Public Safety; Department of Fish and Game; Department of Labor; Department of Military and Veterans Affairs; Department of Revenue; Bureau of Citizenship and Immigration Services; Alaska Housing Finance Corporation; Social Security Administration; Tribal Children's Service Worker (TCSW), Office of Child Services (OCS), Commercial Fishing Companies; Funeral Homes; Local Governments; City Councils; Village Councils; State, Federal, and Private Educational agencies; Public Assistance program contractors and grantees; tax assessors; financial institutions; Native Corporations; stock brokerage firms; landlords; employers; school authorities; and private individuals.*

Information requested can be sent to: **Bristol Bay Native Association  
Workforce Development Center  
P.O. Box 310  
Dillingham, AK 99576**

**Fax: 907-842-3498 or 1-888-285-3498**

*This release will remain in effect while I am an applicant or recipient of BBNA WFD program services, and for any later investigations of my eligibility and receipt of benefits.*

**PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required**

**PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**



## RIGHTS AND RESPONSIBILITIES

### Rights:

- *I shall be treated with respect.*
- *I understand that under Title VI SEC. 601 of the Civil Rights Act of 1964 that "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."*
- *I understand that all information collected by BBNA WFD will remain confidential within BBNA.*
- *I understand that in order for the Bristol Bay Native Association Workforce Development to provide services, it is necessary that I provide required documentation to determine eligibility to receive services.*
- *I will be fully informed and participate in developing a comprehensive individualized or family self-sufficiency plan within BBNA programs of services.*
- *I understand that I may be required to obtain other funding sources such as state, federal, local or regional private, including financial self-support.*
- *I must cooperate and adhere to individual program regulations, rules or requirements to access or maintain BBNA services.*

### Responsibilities:

- *I will treat BBNA staff with respect.*
- *I will report changes in my households within 10 working days a change occurs.*
- *I will report if a child leaves the home within 5 days.*
- *I will report if someone moves into my home.*
- *I will report starting or stopping a job, change of wage rate, change from part-time to full time or full time to part time.*
- *I will report money received from other sources other than working changes by more than \$50.*
- *I will report if I move or change a mailing address.*
- *I will report change of schools or training locations.*
- *I will report withdrawing from a higher education or training program.*
- *I will report a change in type of degree or training program attending.*
- *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 fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both."*
- *I understand if I acquire services fraudulently, that I may be denied further services as determined by program regulations.*
- *I understand that a home visit may be required for program services.*

### What if I disagree with a decision made?

You have the right to discuss any action taken on your application or case with a caseworker or supervisor. If you disagree with an action taken by BBNA which affects the benefits or services you receive. You may ask for a fair hearing or file an appeal. The formal process begins with the person filing the complaint. He/she prepares a written statement that clearly indicates "Notice of Appeal" requesting a hearing or reconsideration. The appeal must contain his/her name, address, and telephone number; the condition, situation, or individual being complained about, the reason for the complaint and the requested remedy. A complaint regarding a denial of services needs to be filed within fifteen (15) working days after receiving the notice of the decision. The complaint needs to be signed, dated and filed with the individual closest to the complaint. At the hearing, you may represent yourself or be represented by a legal representative, friend or relative. You may continue to receive benefits until a decision is made. If the decision is not in your favor, you may be required to repay the benefits you received while you waited for a decision.

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## HIGHER EDUCATION REQUIREMENTS AND RESPONSIBILITIES

Students must reapply for BBNA WFD Higher Education services **each Academic Year:**

**Fall Deadline – is June 15, 2021; Spring Deadline – is January 3, 2022**

- **Incomplete or late applications will be denied.**
- **Minimum GPA Requirements** are full-time and part-time attendance at a minimum performance level of a 2.0 Grade Point Average (GPA) on a 4.0 grading scale. Full-time attendance is defined as 12 Undergraduate credit hours per semester, or 10 Undergraduate credit hours per quarter, or 9 Graduate credit hours, respectively. Part-time attendance is defined as 6 Undergraduate credit hours, respectively.
- **Awards** will be mailed directly to the Financial Aid Office at the school to be applied towards tuition, books, fees, supplies and on-campus housing.
- **School Transcripts** must be submitted to the BBNA WFD Education Case Worker upon availability at the end of **each term**. Unofficial transcripts accepted.
- **Academic Probation** may be placed on a student who does not meet the minimum GPA and credit requirements for the following term.
- **Academic Suspension** may result if student continues to fail to meet the minimum GPA and credit requirements in subsequent school terms. Students will be **required to pay back** any portion of the grant received if, **without mitigating circumstances** in which academic standards were not attained.
- **Academic Suspension Removal** may be earned by students who successfully raise their GPA and earned credit hours at their own expense to regain eligibility for the BBNA WFD Higher Education service.
- **Repayment of services** may be required if **students fails to notify BBNA WFD Education Case Worker within 10 days** of failure to enroll, withdraw, or are expelled from school **without mitigating circumstances**. Notices need to include:
  - A. The date of failure to enroll, withdraw, or expulsion
  - B. Written statement with supporting documentation stating reason for failure to enroll, withdraw, or expulsion – including mitigating circumstances
  - C. A copy of applicant's request to the school that all funds are returned back to BBNA WFD

A notice will be sent to Student for arrangements to pay the balance of funding or issue a waiver from repayment based on mitigating circumstances.

*I have read and understand my requirements and responsibilities as a BBNA WFD Higher Education Student. I hereby agree to follow all the rules, regulations and attendance requirements of the BBNA WFD Higher Education services. I understand that if I fail to comply with any of the requirements or responsibilities my services from BBNA WFD Higher Education may immediately terminate.*

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





## SOURCES OF FINANCIAL AID

Please list ALL sources of Financial Aid (Loans, Scholarships, Grants, etc.) applying for. BBNA WFD Higher Education services will not pay for 100% of your educational costs. Please list "Applied, Need to Apply, Approved and Approved Amount, or Denied". This information will help us make any necessary referrals for potential resources that you may be eligible for.

**Students Contribution and Resources:**

**"Applied, Need to Apply,  
Approved and Award Amount, or Denied"**

Checking Account – Name of Bank: _____	Recent Balance _____
Savings Account – Name of Bank: _____	Recent Balance _____
Bristol Bay Native Corporation – Education Foundation (BBNC - Shareholders) .....	_____
Bristol Bay Area Health Corporation (BBAHC –Tribal Enrollment, Health Care Field) .....	_____
Bristol Bay Economic Development Corporation (BBEDC – CDQ Community Resident) .....	_____
Bristol Bay Housing Authority (BBHA –Bristol Bay Resident) .....	_____
Choggiung Limited (Shareholder) .....	_____
Nushagak Cooperative (Member of service area) .....	_____
Indian Health Service (IHS – Alaska Native/American Indian, Health Profession Degree) .....	_____
Association on American Indian Affairs (AAIA) .....	_____
Alaska Commission on Postsecondary Education (ACPE) .....	_____
Alaska Native Tribal Health Consortium (ANTHC) .....	_____
State of Alaska Workforce Investment Act (WIA) .....	_____
Free Application for Federal Student Aid (FAFSA) – Federal Pell Grant .....	_____
Other Sources: _____	_____
Other Sources: _____	_____
Other Sources: _____	_____
Other Sources: _____	_____
Other Sources: _____	_____
Student Loans: _____	_____
Student Loans: _____	_____
<b>TOTAL</b>	_____



## FINANCIAL AID BUDGET FORECAST SHEET

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
(First) (MI) (Last)

Class Standing:  Freshman  Sophomore  Junior  Senior Enrollment Status:  Full-time  Part-time

Terms Attending: (Check all that apply)  Fall  Winter  Spring  Summer

Expected Degree:  Associate of Arts (AA)  Associate of Applied Science (AAS)  
 Bachelor of Arts (BA)  Bachelor of Science (BS)  Masters

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*\*\*THIS SECTION MUST BE COMPLETED BY THE FINANCIAL AID OFFICER\*\*\***

Academic Year: \_\_\_\_\_ - \_\_\_\_\_ School Status:  Semesters  Quarters

SCHOOL EXPENSES  On-Campus  Off-Campus

STUDENT RESOURCE AND INSTITUTION AWARDS

Tuition \$ \_\_\_\_\_  
 Fees \$ \_\_\_\_\_  
 Books \$ \_\_\_\_\_  
 Supplies \$ \_\_\_\_\_  
 Room \$ \_\_\_\_\_  
 Board \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Expense Total** \$ \_\_\_\_\_  
**Resource Total** \$ \_\_\_\_\_  
**UNMET NEED** \$ \_\_\_\_\_

Type of Aid	Fall	Winter	Spring	Summer	Total
Federal Pell Grant					
College Scholarship					
College Work Study					
Subsidized Direct FFEL					
Stafford Loan					
National SMART Grant					
Federal Perkins Loan					
Alaska Student Loan					
Unsubsidized Direct FFEL					
Stafford Loan					
Tuition Exemption					
Veterans Benefits					
Bristol Bay Native Corporation – Ed Foundation					
Bristol Bay Economic Development Corporation					
Other:					
Other:					
Other:					
<b>Total Resources</b>					

Name and address of Institute:  
 \_\_\_\_\_  
 ATTN: Office of Financial Aid  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_