

Native Village of Chitina PO Box 31, Chitina, Alaska 99566 907-823-2215

tribaladministrator@chitina.org

www.chitina.org

SCHOLARSHIP POLICIES

QUALIFICATIONS:

In order to be eligible for a Native Village of Chitina scholarship, (awarded in the amount of up to \$1000) an applicant must meet the following requirements:

- 1) Applicants must be an enrolled tribal member.
- 2) Must have Certificate of Indian Blood with application if it is not in your enrollment file.
- 3) Must be enrolled (3 or more credits) in a degree granting program at an accredited college or university.
- 4) Must have applied for other funding.

REQUIREMENTS:

To process an application, the following documents must accompany the application:

- 1) Completed application
- 2) High school or college transcripts (most recent attended)
- 3) A complete budget filled out by Financial Aid Officer
- 4) Proof of enrollment and registration from the school the applicant plans to attend.
- 5) To receive funding for future semesters applicants must have a GPA of 2.0 or higher and send in transcripts at the end of each semester.

All scholarship awards will be sent to the college the applicant is enrolled in.

APPLICATION DEADLINES:

Fall Scholarship: July 15th

Spring Scholarship: December 15th

There will be a fourteen (14) day grace period to submit supporting documents (transcripts, budget, etc.), after the application deadline date.

No late or incomplete submissions will be accepted.

Updated: 09/02/2023 by NVC Council



Native Village of Chitina P.O. Box 31 Chitina, Alaska 99566 Phone (907) 823-2215 Fax (907) 823-2216

Higher Education Scholarship Application

Complete and return to Native Village of Chitina P.O. Box 31, Chitina, Alaska 99566. All information requested is voluntary; however, failure to fully complete all parts may result in delays of processing this application or make it impossible to process it at all.

**Deadline for Fall Semester: July 15, 20 Spring Semester: December 15, 20							
Name:	: DOB:						
Address:							
Email:Teleph							
Tribal Affiliation: Enrollment Number:							
Name and Address of High							
Type of School: BIA Tr				ED/Graduatio	n Date:		
Application Request : Fall _	Spring	Enr	ollment Stati	us: Full Time _	Part time		
Name and Address of Colle							
	Expected Graduation Date:						
Expected Degree: AA	_BA	_BS	MA	Other:			
Year in College: Freshman	Sophomore		Junior	Senior	Graduate		
I will live: On Campus	_ Off Cam	ff Campus With Parents					

of Indian Affairs Higher Education Grant Policy for the purposes connected with attendance at:
Name of Institution:
This information is provided pursuant to public law 93-579 (privacy act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.
This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required by the office of Indian Education Programs. Response of this request is required to obtain a benefit.
I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to necessary agencies to complete my financial aid package. I request that any BIA grant awarded to me be mailed in care of me to the Financial Office of the Institution. <u>I will provide a copy of my grades or transcript to the Native Village of Chitina at the end of each semester.</u>
Signature:Date:

Statement of Education Purpose: I declare that I will use any funds I receive under the Bureau

To be Filled out by Financial Aid Officer

List of Cost	
DESCRIPTION OF EXPENSES	AMOUNT NEEDED
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Sources of Funding	
	AMOUNT PROVIDED
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	DESCRIPTION OF EXPENSES

Please return completed application and supporting materials to:

Native Village of Chitina

P.O. Box 31 Chitina, Alaska 99566

Finacial Aid Officer Signature	Date