

**2011-2012  
Scholarship Application**

# Harvey Samuelsen Scholarship

## Eligibility Requirements

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In order to be considered for the Harvey Samuelsen Scholarship, you must meet the following requirements:

- \* Be a resident of a Bristol Bay CDQ community: Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwook; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.
- \* Be enrolled in an accredited college or university
- \* Be able to demonstrate financial need
- \* Be registered as a “Full-time” student, pursuing an Associates degree or higher
- \* Undergraduate students must have a minimum 2.0 cumulative GPA
- \* Graduate students must have a minimum 3.0 cumulative GPA

**Application Deadline is June 30, 2011**

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If you have any questions regarding eligibility, call BBEDC at 1-800-478-4370 or  
1-907-842-4370

# Harvey Samuelson Scholarship

## Application Checklist

In order for your application to be complete, you must submit the following documents:






- ✓ Completed Application
- ✓ BBEDC Residency Form **with required attachments** (photo ID + one additional doc.)
- ✓ Official High School or **Official College Transcript** (must show spring 2011 grades.)
- ✓ Letter of Interest
- ✓ Copy of School's Letter of Acceptance (Incoming Freshman and transfer students only)
- ✓ Release of Information Form
- ✓ Copy of Cost of Attendance sheet from University
- ✓ Relationship Disclosure Form

**BBEDC Residency Form must be completed every 12 months**

**Official Transcripts are required**

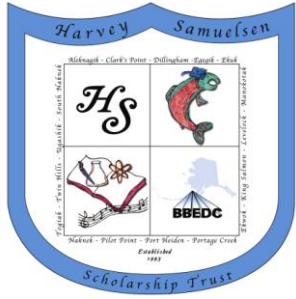
**Applications must be mailed or hand delivered to BBEDC's Dillingham Office. Mailed applications must be post-marked by June 30, 2011.**

### Application Suggestions:

-  Submit application as soon as Spring term 2011 grades have been posted.
-  Remember only **complete** applications will be considered (It is **your** responsibility to make sure your application is complete.)
-  Type your letter of interest and, when possible, the application as well.
-  Double-check your financial budget sheet, this information must be accurate! (Make sure your math is correct.)
-  Submit your application and all required documents in the provided pre-addressed envelope.

Mail your applications to: Bristol Bay Economic Development Corporation  
P.O. Box 1464  
Dillingham AK 99576

If you have any questions or need assistance with your application, call BBEDC at:  
**1-800-478-4370 or 1-907-842-4370**



**Harvey Samuelsen Scholarship Trust**  
P.O. Box 1464, Dillingham, AK 99576  
(907) 842-4370 \* 1-800-478-4370  
Fax: (907) 842-4336 \* 1-888-325-4336

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Student ID # \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Dorm room or apartment address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dorm room/apartment phone # or cell phone#: \_\_\_\_\_

Community and State of Residency: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

**Application Deadline is June 30, 2011**

## SCHOOL INFORMATION

High School attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

GED  Date: \_\_\_\_\_

School currently attending: \_\_\_\_\_

School planning to attend: \_\_\_\_\_

Address of Financial Aid office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Aid Office Phone: \_\_\_\_\_

Have you applied for admission? Yes  No  Been accepted? Yes  No

University Class Standing: 1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year +  Graduate School

College credits earned to date: \_\_\_\_\_

College Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Expected Degree: Associate  Bachelor  Master  Doctorate

Number of credit hours in which you plan to enroll: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

School on: Quarters  Semesters  Trimesters

Cumulative GPA: \_\_\_\_\_

**Application Deadline is June 30, 2011**

## FINANCIAL INFORMATION

### FINANCIAL AID

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for:

Name of Scholarship, Grant, etc.	Expected Date of Notification	Amount Requested	Amount Received, Approved
<b>Total of Financial Aid Requested</b>			
<b>Total of Financial Aid Approved</b>			

(Attach additional page if needed)

(Table 1)

### SCHOOL YEAR EXPENSES

*(Note: These figures must be as accurate as possible as we will verify them with the school you will be attending. Any intentional misrepresentation of your financial information will disqualify you from receiving any scholarship from the Bristol Bay Economic Development Corporation. If you are unsure of what your expenses will be, contact the university or college you will be attending.)*

Tuition	
Fees/Due	
Room/Rent	
Meals/Food Expense	
Books & Supplies	
Travel (Limited to 2 R.T. tickets)	
Child Care	
Miscellaneous:	Clothing (maximum allowed is \$300)
	Entertainment (maximum allowed is \$250)
<b>Total School Year Expenses</b>	

(Table 2)

### FINANCIAL NEED

Total School Year Expenses (Table 2)	
Total Amount of Funds Approved (Table 1)	-
<b>Total Estimated Financial Need</b>	<b>=</b>

## LETTER OF INTEREST

Your letter of interest should be no longer than one typed page and should address the following questions:

1. What are your educational and career goals?
2. What are you contributing to your education?
3. Why should you be selected to receive a scholarship?

**If you fail to address the above questions in your letter of interest, your application may be deemed incomplete and therefore you will not receive an award. Do not submit the same letter that was submitted with prior year applications.**

**By signing this page and also your attached letter, you affirm that this is your own original work and understand that if it is not, your application may be rejected and any award granted may be canceled.**

**I, \_\_\_\_\_ certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter in the Scholarship Program administered by Bristol Bay Economic Development Corporation.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Deadline is June 30, 2011**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of any and all information contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION**  
**P. O. Box 1464**  
**Dillingham, Alaska 99576**  
**Fax Number 1-888-325-4336 (In state) 907-842-4336 (Out of state)**

This information is to be used for the verification of the eligibility of:

\_\_\_\_\_

This authority shall continue in effect until this student is no longer enrolled in the Harvey Samuelsen Scholarship Program.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize BBEDC to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Harvey Samuelsen Scholarship Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application Deadline is June 30, 2011**

## BBEDC Residency Form

Name: \_\_\_\_\_  
(Please print)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Date: \_\_\_\_\_

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities. (*Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.*)

Definition of a CDQ community resident: A person who has resided (lived) in the CDQ community for a period of 12 consecutive months or more immediately **prior to application** and continues to live in that CDQ community. Unexcused absences of up to 90 days per year are allowable. Absences of over 90 days for educational purposes, military duty, or medical reasons are allowable with the proper documentation.

In order to verify your residency in one of the 17 CDQ communities you **must** provide the following documentation:

- **A copy of your Alaska state issued photo ID (drivers license or ID Card) and at least one of the following documents:**
  - **A copy of your Permanent Fund Dividend Check stub that shows your current address.**
  - **Copies of current utility bill receipts in your name from your residence.**
  - **A copy of your most recent pay check stub that shows your address.**
  - **A copy of your recent AFDC or food stamp benefit receipts that shows your address.**
  - **Voters registration card**

If you are out of the CDQ community for more than 90 consecutive days for any reason, the only **excusable absences** of more than 90 days duration are: **educational purposes; military service; or medical reasons.** To waive the 90-day requirement you must supply one of the following:

- A copy of your school enrollment form or transcripts verifying full-time attendance during the previous year if you are a student away from home attending school.
- A copy of your current orders if you are on active military duty.
- A letter from your physician stating the reason for the need to reside in another location and the time estimated for that stay.

By signing this affidavit, I warrant that I am a resident of the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

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

**This form must signed by an authorized representative of the village tribal council or the city government.**

I verify that \_\_\_\_\_ is a resident of \_\_\_\_\_, and  
(Name)

has been  has not been

residing in this CDQ community for the past twelve months.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_

Thank you for your assistance. If you have questions, please call BBEDC at 842-4370 or 1-800-478-4370

## BBEDC Relationship Disclosure Form

**Applicant Name**

**Community**

Please put a check mark next to the BBEDC Board Member(s) listed below that you are related to. If you are not related to any, please check None.

Hattie Albecker <b>Ugashik</b>	Margie Aloysius <b>Aleknagik</b>	Fred T. Angasan Sr. <b>South Naknek</b>	Mark Angasan <b>King Salmon</b>
Raymond Apokedak <b>Levelock</b>	Lucy Goode <b>Egegik</b>	Robert Heyano <b>Ekuk</b>	MaryAnn Johnson <b>Portage Creek</b>
Sylvia Kazimirowicz <b>Ekwok</b>	Gerda Kosbruk <b>Port Heiden</b>	Moses Kritz <b>Togiak</b>	H. Robin Samuelsen Jr. <b>Dillingham</b>
Victor Seybert <b>Pilot Point</b>	Fritz Sharp <b>Twin Hills</b>	Moses Toyukak Sr. <b>Manokotak</b>	Harry Wassily Sr. <b>Clark's Point</b>
Patrick Patterson Jr. <b>Naknek</b>	<b>None</b>		

For each Board Member you checked above, please explain the relationship.

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Please put a check mark next to the BBEDC Officer(s) listed below that you are related to. If you are not related to any, please check None.

H. Robin Samuelsen Jr.	Helen Smeaton	Chris Napoli	Staci Fieser
Paul Peyton	<b>None</b>		

For each Officer you checked above, please explain the relationship.

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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**