

2009-2010
Scholarship Application
Harvey Samuelson Scholarship
 Eligibility Requirements

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; Ekwok; 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 26, 2009

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 2009 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

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 26, 2009. FAXED APPLICATIONS WILL NOT BE ACCEPTED.

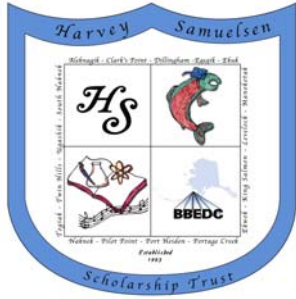
Application Suggestions:

-  Submit application at least 3-weeks prior to the June 26th 2009 deadline.
 -  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: _____

Are you a spouse, or a lineal descendant of any of the following current Harvey Samuelsen Scholarship Trust board members? (A lineal descendant is defined as a child, grandchild, great grandchild, etc.... or a spouse of a child, grandchild, great grandchild etc...) Yes No

Current HSST Board Members include:

- Lucy Goode
- Mary Ann K. Johnson
- Sylvia Kazimirowicz
- Fritz Sharp
- Harry Wassily

If yes who are you related to and how?

(This will in no way increase or decrease your eligibility for a scholarship)

Application Deadline is June 26, 2009

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: 1st year 2nd year 3rd year 4th year + Graduate School

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 26, 2009

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
Total of Financial Aid Requested			
Total of Financial Aid Approved			

(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)
Total School Year Expenses	

(Table 2)

FINANCIAL NEED

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

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.

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 26, 2009

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 26, 2009

BBEDC Affidavit of Residency Form

Name: _____ Date: _____
(Please print)

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ How long at this address: _____

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 consecutive days per year are allowable. The residency of any person under the age of 18 years shall be the same as the residency of the adult(s) who claim that person as a dependent on their federal tax return.

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

- **A copy of your government issued photo ID (example: AK drivers license/ID, military or tribal ID) 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 for your residence.**
 - **A copy of your most recent pay check stub or W-2 that shows your address.**
 - **A copy of your recent AFDC or food stamp benefit receipts that shows your address.**
 - **A copy of your current commercial/sport fishing or hunting license that shows your address.**

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: **post-secondary educational purposes; military service; participation in BBEDC employment & training programs 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 of verification of program participation from BBEDC employment & training staff.
- 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. I acknowledge that any falsification or misrepresentation of the information submitted will result in the termination of benefits and I 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 (Reason : _____)

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.