

Bristol Bay Economic Development Corporation

P.O. Box 1464 Dillingham, AK. 99576: (907) 842-4370 : 1-800-478-4370 : Fax (907)842-4336 : 1-888-325-4336



BBEDC High School Higher Education Application

ELIGIBILITY REQUIREMENTS: (please check off)

BBEDC accepts applications from BBEDC/CDQ residents who are currently attending high school and are in need of financial assistance to enroll in college level courses offered within the region. The requirements of eligibility are:

- Provide proof of residency in one of the following 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			
- Complete BBEDC High School Higher Education Application
- Provide completed Budget sheet
- Provide a copy of your most recent high school and college transcripts
- Submit a letter of request that includes:
 - (1) Your education and employment goals
 - (2) How this course relates to your goals?
 - (3) How will taking this course benefit you?
- Release of information form



BBEDC HIGH SCHOOL HIGHER EDUCATION SCHOLARSHIP APPLICATION

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Social Security #** _____

High School currently attending: _____

What college level course(s) are you requesting funding for? _____

How many college credits will you receive upon completion? _____

What school is providing the course you would like to attend? _____

Is this a dual credit course? ____ Yes ____ No

Are you planning on enrolling in a degree program upon completion of High school? ____ Yes ____ No

If yes what degree program are you planning on enrolling in: _____

Budget Information:

Please include your budget for the program you have applied for. Include only the budget information that is appropriate.

Actual Costs:

Student's Contribution

Description Amount

Description Amount

Tuition \$ _____

Personal Funds you can contribute \$ _____

Books/Fees \$ _____

Other sources _____ \$ _____

TOTAL \$ _____

TOTAL \$ _____

AMOUNT REQUESTED FROM BBEDC \$ _____ Not to exceed \$500.00

Applicant Signature

Date

By signing this application I warrant that all information submitted is 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.

NOTE: All information submitted in and with this application is confidential and will only be used as a tool for consideration of applicants request for funding by BBEDC.

AFFIDAVIT OF 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, by state regulations, requires that anyone seeking services from BBEDC be a resident of one of the 17 Bristol Bay CDQ communities.

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 verification of residency form from either the city council or village council. (See attached form) In addition, you **must** provide an 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: _____



VERIFICATION OF RESIDENCY FORM

It is a requirement of the Bristol Bay Economic Development Corporation that individuals applying for services from BBEDC be a resident of one of the 17 CDQ communities that BBEDC represents.

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 community for a period of 12 consecutive months or more immediately prior to application and continues to live in that 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.*

This form must be filled out by an authorized representative of the village tribal council or the city government.

I verify that _____
(Name)

is

is not

a resident of _____, and

has been

has not been

residing in this CDQ community for the past twelve months.

Signed by: _____ Date: _____

Organization: _____ Date: _____

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



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:

(Please print)

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 High School Higher Education Scholarship Program.

Signature _____ Date _____