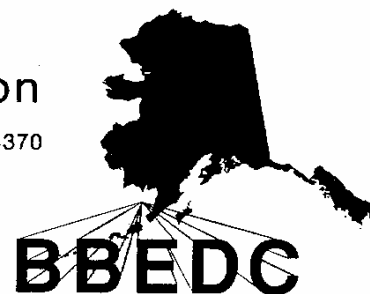


Bristol Bay Economic Development Corporation

P.O. Box 1464 • Dillingham, Alaska 99576 • (907) 842-4370 • Fax (907) 842-4336 • 1-800-478-4370



BBEDC Student Loan Forgiveness Application

ELIGIBILITY REQUIREMENTS: (please check off)

BBEDC accepts Student Loan Forgiveness applications from BBEDC/CDQ residents who: permanently resided in a CDQ community prior to obtaining their degree, who have completed a degree program through an accredited university, and whom have returned to a BBEDC community, and have been employed full time in a CDQ community for at least one year.

- 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 Student Loan Forgiveness application
- Provide a copy of your College diploma
- Provide a copy of your official college transcript
- Provide proof of employment in a BBEDC community
- Verification of Residency Form
- Affidavit of Residency Form
- Provide 2 letters of recommendation (letters of recommendation should confirm that you resided in a CDQ community prior to obtaining your degree, and that you currently reside in a CDQ community)
 1. Professional (school or work related)
 2. Personal
- Submit an essay or letter of interest that includes:
 1. Brief personal history
 2. Your career/employment goals
 3. How your degree has helped you to achieve these goals
 4. Why you should be selected for a student loan forgiveness award
- Release of information form
- Current Resume
- Current copy of your student loan statement

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

SSN: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Current Employer: _____ Your Title _____

Supervisors Name: _____

Employers Phone: _____ How long have you been employed here? _____

Community and State of Residency: _____

E-Mail Address: _____

High School Attended: _____ Graduation Date: _____

University attended: _____ Graduation Date: _____

College Degree: _____ Bachelor Master Doctorate

Cumulative GPA: _____

Where did you reside prior to obtaining your degree? _____ For how long? _____

Are you a past recipient of the Harvey Samuelsen Scholarship? Yes No

If yes when? _____

Are you a past recipient of any of BBEDC's funding programs? Yes No

If yes, what program and when? _____

Student Loan Information

Did you take out student loans while attending college? Yes No

Are you currently making payments on a student loan? Yes No

Name of Students Loan/Financial Institution	Interest Rate	Amount
Total		

(Table1)

References: Please list at least three references that will be able to verify your employment and residency status. References should be people whom are not related to you.

Name/ Title	Contact information/Phone #

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 College Loan Forgiveness Program administered by the Bristol Bay Economic Development Corporation.

Applicant's Signature: _____ Date: _____

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 _____

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. **An authorized representative of the village tribal council or the city government must complete this Verification of Residency.**

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.*

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 1-800-478-4370.