

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 College Development Fund

ELIGIBILITY REQUIREMENTS: (please check off)

BBEDC accepts Career Development Fund applications from BBEDC/CDQ residents who are in need of financial assistance to attend part time school thru Distance Delivery and summer school for individuals who work full time the rest of the year. 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 Career Development Fund Application
- Provide completed Budget sheet
- Provide a copy of your high school diploma or GED or a copy of your most recent educational or vocational transcripts
- Proof of enrolment in a degree program
- Copy of transcripts showing significant academic progress in degree program 2.0 GPA for Freshmen and Sophomores 2.5GPA for Juniors and Seniors and 3.0GPA for graduate students
- Submit an essay or letter of request that includes:
 - (1) Your Education and employment goals
 - (2) How your Education relates to your goals
 - (3) Employment opportunities or advancement opportunities after completion of your Education
- Release of information form

BBEDC COLLEGE DEVELOPMENT FUND APPLICATION

Please Print

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business/Message Phone: _____

Social Security # _____

Are you a U.S. citizen? ___ Yes ___ No If No, Work Permit Number? _____

Your Employment & Training Goals:

1. What specific job do you have in mind after completion of this Degree program?

2. Where will you be getting your training? _____
3. What specific degree program are you enrolled in? _____
4. How long do you expect to attend this degree program? _____
5. Start Date: _____ Graduation Date: _____
6. What certification will you have upon completion of this training program?

Educational History:

| Name: | Location: (city/state) | Major course or Subject: | Dates Attended: | Graduated Date: |
|---|------------------------|--------------------------|-----------------|-----------------|
| High School: | | | From: To: | |
| Technical/Trade: | | | From: To: | |
| College: (list all attended) | | | | |
| Other Training/Education: | | | | |
| a. If you began, but did not complete a vocational / technical training program please explain WHY? (Be Specific) | | | | |
| | | | | |
| | | | | |

Have you previously received Employment/Training Services from BBEDC? Yes No

Budget Information:

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

Actual Costs:

Student's Contribution

| <u>Description</u> | <u>Amount</u> |
|--------------------|-----------------|
| Tuition | \$ _____ |
| Books/Fees | \$ _____ |
| Travel | \$ _____ |
| TOTAL | \$ _____ |

| <u>Description</u> | <u>Amount</u> |
|-----------------------------------|-----------------|
| Personal Funds you can contribute | \$ _____ |
| BBNA | \$ _____ |
| BBNC | \$ _____ |
| Employer Contribution | \$ _____ |
| Other sources _____ | \$ _____ |
| TOTAL | \$ _____ |

AMOUNT REQUESTED FROM BBEDC \$ _____ Not to exceed \$1000.00

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.

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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.

Bristol Bay Economic Development Corporation

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Authorization For Release of Information

I hereby authorize the release of any and all information needed by the Bristol Bay Economic Development Corporation contained in city councils, villages, state, federal, private or educational agencies' records to the organization listed below:

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION
EMPLOYMENT & TRAINING PROGRAMS
PO BOX 1464
DILLINGHAM, ALASKA 99576**

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

This authority shall continue in effect for two years or until this student is no longer enrolled in BBEDC's Employment or Training Program.

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

In addition:

I hereby authorize BBEDC and the awarding organization to publicize my name, institution, type of training, How long it was, and village of residency to further encourage people of the Bristol Bay region to seek higher educational and training opportunities. I authorize the same organization to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Employment & Training program.

Signature: _____ Date: _____

I authorize you to furnish the Bristol Bay Economic Development Corporation with any and all information that you have concerning my work/employment records and me. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications for the position and/or training I am seeking. I further understand that the information you furnish will not be disclosed to any person not connected the Bristol Bay Economic Development Corporation hiring practices, including myself.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974. I hereby waive those rights with the understanding that the information furnished will be used by the Bristol Bay Economic Development Corporation and retained by them in confidence.

I hereby release you, and your organization from any liability of damages that may result from furnishing the information requested.

Applicants Printed Name: _____

Applicants Signature: _____ Date: _____