

2019 BBEDC College Development Fund – High School

High School Application Process

APPLICATION CHECKLIST:

- BBEDC Residency Form (located on homepage under Quick Links (www.bbedc.com) and a copy of your **Alaska ID or driver's license along with one of the following:**
 - Copy of Alaska ID or driver's license
 - 2018 Alaska Permanent Fund Dividend records (<https://pfd.alaska.gov>)
 - Current student transcript that includes name and address
 - Current rent receipt, electric/fuel bill or other proof of maintaining a home in a BBEDC CDQ community
 - Most recent employment or unemployment records (ex. W-2, check stub, statement)
 - Recent TANF, Food Stamp benefit award letter, or BBNA Heating Assistance approval letter
 - Voter registration card/letter

- BBEDC Relationship Disclosure Form (located on homepage under Quick Links (www.bbedc.com))
- BBEDC College Development Fund Application
- Copy of transcripts most recent High School Transcript and any College Transcripts
- Essay or letter including:
 - (1) Your education and employment goals
 - (2) How this course relates to your goals
 - (3) How taking this course will benefit you

RENEWAL CHECKLIST:

- BBEDC Residency Verification plus supporting documentation (once every 12 Months)
- BBEDC Relationship Disclosure Form
- BBEDC College Development Fund Application
- Copy of most recent High School and College transcripts

APPLICATIONS MUST BE SIGNED AND COMPLETE NO LESS THAN THREE BUSINESS DAYS PRIOR TO THE STARTING DATE OF THE CLASS

LATE APPLICATIONS WILL BE DENIED FUNDING

Note: Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.

BBEDC COLLEGE DEVELOPMENT FUND PROGRAM APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business/Cell Phone: _____

Student ID #: _____ Student Email: _____

University/College or High School Enrolled In: _____ Cumulative GPA: _____

College Credits Earned to Date: _____ College Major: _____ Expected Degree: _____

How did you learn about this program?

Liaison Website BBEDC Program Staff Other Directory Describe Other

Why did you apply for this program and how will it assist you?

Educational History:

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
High School:			From: To:	
College: (list all attended)				
Other Training/Education:				

Budget:

Description	Amount
Tuition	\$ _____
Books	\$ _____
Fees	\$ _____
TOTAL	\$ _____

Enrollment Information:

Course	Credit Hours
_____	_____
_____	_____
_____	_____
Personal Contribution	\$ _____

AMOUNT REQUESTED FROM BBEDC \$ _____ Not to exceed \$1,500.00

Advisor Signature

Date

PO Box 1464 • Dillingham, AK 99576 • Phone: (907) 842-4370 or (800) 478-4370
 Fax: (907) 842-4336 or (888) 325-4336 • Website: www.bbedc.com

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
EDUCATION, EMPLOYMENT & TRAINING PROGRAMS
PO BOX 1464
DILLINGHAM, ALASKA 99576**

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

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

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 Education, Employment & Training Program.

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 applicant's request for funding by BBEDC.

Applicant Signature

Date

Social Security Number: _____ **Date of Birth:** _____