

2019 BBEDC Student Loan Forgiveness Program

APPLICATION CHECKLIST:

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

- 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:**
 - 2018 Alaska Permanent Fund Dividend records (<https://pfd.alaska.gov>)
 - 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
- Complete BBEDC Student Loan Forgiveness Application
- Provide a copy of your college diploma
- Provide a copy of your college transcript
- Provide proof of employment in a BBEDC community
- BBEDC Relationship Disclosure 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 (not a spouse or relative)
- 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

Renewal Applications should include:

- Proof of fulltime employment
- Brief letter of continued interest
- Copy of your current student loan statement
- Affidavit of Residency + supporting documents
- Relationship Disclosure Form

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

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

2019 BBEDC STUDENT LOAN FORGIVENESS APPLICATION

First Name: _____ Last Name: _____

SSN: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Current Employer: _____ Your Title: _____

Supervisor's Name/Title: _____

Employer's Phone: _____ How long have you been employed here? _____

Community and State of Residency: _____

E-Mail Address: _____

University Attended: _____ Graduation Date: _____

College Degree: _____ Associate 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? _____

How did you learn about this program?

Liaison Website BBEDC Program Other Describe Other
Staff Directory

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STUDENT LOAN INFORMATION:

Name of Students Loan/Financial Institution	Interest Rate	Amount
Total		

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

What is your monthly payment amount?

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

REFERENCES:

Please list at least three references who 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 Student Loan Forgiveness Program administered by the Bristol Bay Economic Development Corporation.

Applicant's Signature: _____ Date: _____

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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 Student Loan Forgiveness Program.

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 Student Loan Forgiveness Program.

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____