



## CAREER DEVELOPMENT GRANT APPLICATION GUIDELINES AND PROCEDURES

### DEADLINE: OPEN

(Allow a minimum of 3 weeks for processing prior to deadline for payment.)

### WHO MAY APPLY:

- ◆ Natives enrolled under Section 5 of the Alaska Native Claims Settlement Act to the Koniag Native Region and direct descendants of those original enrollees;
- ◆ Shareholders and their direct descendents who wish to enroll **in part-time, non-degree, short term (six weeks or less)** courses of study which will increase their opportunities for employment or job advancement

### APPLICATION PROCEDURES:

Your application must be complete and include the following items to be considered for an award:

- \_\_a. Career Development application
- \_\_b. Letter of application (please read and follow the instructions below):

The purpose of the letter is to give the Executive Director more background information about you. Your letter should include the following:

- Personal history – Please provide information about yourself and your family. This should include talents and abilities, community involvement, plans for the future and other related information. As you are applying for an award based on your status as an Alaska Native, you should describe how your education would contribute to the Alaska Native community.
- Education plans – Why do you wish to attend the specific school you have chosen and why have you chosen your field of study?
- Benefit Statement – Include a statement on how this training/course will improve your employment opportunities or help you advance in your career.

The application and required document(s) must be included in one mailing to:

**Koniag Education Foundation**  
**4241 B Street, Suite 303B**  
**Anchorage, AK 99503**

Faxed applications are accepted. If it is necessary to fax your application, please fax it to (907) 562-9023.

### REVIEW PROCESS:

The Koniag Education Foundation Board of Directors may appoint a committee or the Executive Director of KEF to select recipients of awards. Awards are based on the completeness of information in the application and letter of application.

**DISBURSEMENT OF FUNDS:**

The awarded funds will be disbursed through the recipient's school and may be used for reasonable expenses in conjunction with the courses taken which the Executive Director determines as acceptable costs. Any funds not used by the recipient will be returned to the Foundation.

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Mailing Address:

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Your enrollment number (Koniag, Inc. shareholder number, or the number of the shareholder from whom you have descended) \_\_\_\_\_

Please call Koniag, Inc. 561-2668 or 1-800-327-7649 if you do not know your number.

Your relationship to this person: \_\_\_\_\_

.....  
Name and address of school you wish to attend

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School's Phone Number:

(\_\_\_\_) \_\_\_\_\_

Fax:(\_\_\_\_) \_\_\_\_\_

Certificate or license you expect to earn:

\_\_\_\_\_

Dates you will attend school

**(MUST BE LESS THAN SIX (6) WEEKS IN**

**LENGTH)**

FROM \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

TO \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Budget Forecast:**

This should be as accurate as possible, but it is your BEST GUESS about what your expenses will be.

Name of class(es) that you wish to take:

\_\_\_\_\_  
\_\_\_\_\_

**EXPENSES**

- A. Tuition \_\_\_\_\_
- B. Fees \_\_\_\_\_
- C. Meals \_\_\_\_\_
- D. Lodging \_\_\_\_\_
- E. Books & Supplies \_\_\_\_\_
- F. Transportation \_\_\_\_\_
- G. Misc. Expenses \_\_\_\_\_

**TOTAL EXPENSES:**

(Add items A-G) \$ \_\_\_\_\_

**TOTAL FUNDING FROM OTHER SOURCES:**

\$ \_\_\_\_\_

**FUNDS REQUESTED FROM KEF:**

\$ \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_, give my consent that the educational institution which I plan to attend may release information to the Koniag Education Foundation regarding my progress as a student now and beyond the period of my scholarship award. I understand this information is a condition for receipt of scholarship funds. My signature below also certifies that to the best of my knowledge the information given is true and correct. If any significant changes occur on any of the questions I have answered on this application, I will notify Koniag Education Foundation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date