



CAREER DEVELOPMENT GRANT APPLICATION GUIDELINES AND PROCEDURES

(Please 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 descendants 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.
- ◆ There is a limit of two Career Development grants per year per applicant.
- ◆ Please note that paper applications are only available to those who live in rural areas without internet access. All other applicants must apply online at <https://koniag-education.fluidreview.com/>

APPLICATION PROCEDURES:

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

- __a. Career Development application
- __b. Personal Essay (please read and follow the instructions below):
- __c. Recent Resume with employment history, school activities, volunteer/community service, awards/honors, additional education/training, 2 pages maximum.
- __d. Recent profile photo of yourself (.jpg format as an email attachment to scholarships@koniageducation.org)

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

- ◆ Personal history – Include a description of your personal and family history, community involvement, volunteer activities, as well as your educational and life goals.
- ◆ Benefit Statement – Include a statement on how this training/course will enhance your ability to find employment and/or improve current employment.

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

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

If it is necessary to fax your application, please fax it to (907) 562-9023, ATTN: Scholarship Manager

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 personal essay.

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 _____

Last 4 of 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) _____

Relationship to this person (if applicable): _____

Please call Koniag, Inc. (907) 561-2668 or 1-800-327-7649 if you do not know your number.



Name and address of school you wish to attend

School's Phone Number:
(____) _____

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 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