



**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:

You must submit a completed application to be considered for an award:

- __a. Career Development application
- __b. Letter of application (please read and follow the instructions given 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 the area you plan to study, etc.

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 K.E.F. 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 the 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 _____

TOTAL REQUEST TO KONIAG EDUCATION FOUNDATION

\$ _____

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