

Sun'aq Tribe of Kodiak

312 West Marine Way

Kodiak, Alaska 99615

TEL: (907) 531-5009

E-mail: scholarships@sunaq.org

Liitukut Scholarship Application

For enrolled members of the Sun'aq Tribe of Kodiak, working toward a 2- or 4-year degree. The Sun'aq Tribe may provide scholarships to students for up to 5 years. Scholarship awards are based on student need and are dependent on the available funding.

Application deadlines:

June 30th fall semester

November 30th spring semester

**Applications turned in after the deadlines will not be considered.*

Liitukut Scholarship Application

Name: _____ Date of Birth: _____ Phone Number: _____

Email Address: _____

Permanent mailing address: _____

Address while at school: _____

High school graduation or GED date: _____ Did your parents or grandparents go to college? _____

University/college you plan to attend: _____

Financial aid office address: _____

University phone number: _____

Major field of study: _____

Expected date of graduation: _____

STUDENT CHECKLIST

The following items must be submitted to Sun'aq Tribe before an application can be considered complete:

_____ Completed Scholarship Application

_____ Verification of Sun'aq Tribe enrollment

_____ Student Aid Report from FAFSA.gov

_____ Official high School and/or college transcripts

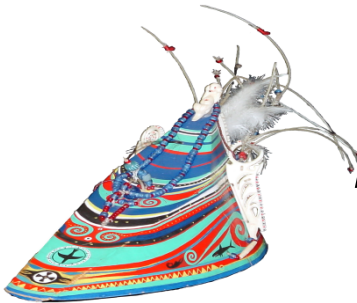
_____ Acceptance letter from the college

_____ Two letters of recommendation (Required for new students only)

_____ 500-word essay on what are your short- and long-term career goals are, and how will your educational experience help you to achieve them.

_____ Proof of Application for other funding sources

_____ Clear, current photo of applicant (Photo can be submitted via email or mail)



Traditional Bentwood Hat

Sun'aq Tribe of Kodiak

Proudly representing members of the
Sun'aq Tribe of Kodiak

Financial Need Sheet

Name: _____ College: _____

Date: _____ Phone: _____

Academic Period _____ / _____ To _____ / _____ (circle one) Semester / Quarter

University/College Budget				
Annual costs		Notes		
Tuition				
Books				
Room and Board		Include the meal plan and housing costs		
Fees				
Transportation				
Personal				
Other (specify)				
Total Budget				
Student Resources				
Student Resources	Fall	Winter (Quarter schools only)	Spring	Total
Pell Grant				
College Work Study				
SEOG				
SEIG				
Parent/Fam. Contribution				
Student Contribution				
Koniag Education Foundation (KEF)				
Native Corporation Scholarship				
Tribal Assistance				
Other:				
Other:				
Total Resources				

Unmet Need (budget less resources) \$ _____



Sun'aq Tribe of Kodiak

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Media Release Form

I _____, give permission to Sun'aq Tribe of Kodiak to use my image (or my child's, if under 18) for non-commercial or educational purposes, in video, audio, digital, or print publications, including but not limited to the Sun'aq Tribe of Kodiak website and social media. I understand that my image may be used to help illustrate and explain programs and activities that are part of the tribe. I also give permission to release such media files to the news media in support of the programs. My photo may be used in Sun'aq Tribe publications, included but not limited to: Council Reports, newsletters, annual reports, website, or on the Sun'aq Tribe of Kodiak Facebook page.

Applicant Signature

Date



Sun'aq Tribe of Kodiak

**Proudly representing members of the
Sun'aq Tribe of Kodiak
Employment & Training Services
Programs Participant Code of Conduct**

In order to remain eligible for employment and training services, I agree to the following:

- I will treat Sun'aq Tribe of Kodiak staff with respect to ensure personal safety of all. Threats of any kind, discriminatory jokes and language, personal insults, especially those using racist or sexist terms, and unwelcome sexual attention or information will not be tolerated.
- I will complete the Employment & Training Programs application accurately and honestly, and provide all available supporting documentation.
- I will keep the Employment & Training staff informed of changes in address, phone number, financial status or other program-related changes.

Please **initial** the following statements, then sign and date this document.

_____ I have reviewed the Sun'aq Tribe Employment & Training programs participant code of conduct (above).

_____ My case worker has answered all questions I have about the code of conduct, though I know I may ask questions at any time while receiving services.

_____ I understand that if I fail to comply with the statements above, it will result in review of my case and that the Sun'aq Tribe of Kodiak retains the right to refuse, sanction and/or terminate Employment & Training services due to my non-compliance.

_____ I understand that I am to complete the agreed upon credits with a 2.0 grade point average (GPA) each semester that I receive the Liitukut Scholarship. If I fail to maintain a 2.0 GPA, I understand that I may be put on academic probation and could lose funding from Sun'aq Tribe for a period of time.

_____ I understand that if I withdraw from a course during a semester that I receive the Liitukut Scholarship, part of my scholarship may need to be returned to the Tribe, and I may be put on academic probation.

I hereby apply to attend the university/college indicated on this application and agree to follow all rules, regulations and attendance requirements of the school, and to the best of my ability will satisfactorily complete the course(s) which I have selected. I further agree that the funds issued me for education purposes by Sun'aq Tribe of Kodiak will only be utilized to pursue goals related to obtaining my education.

Applicant Signature

Date

Case Manager Signature

Date



Sun'aq Tribe of Kodiak

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Sun'aq Tribe of Kodiak

Release and Exchange of Information

Information requested from: _____

(Sun'aq will complete this portion)

I, _____, hereby authorize the release of information requested by the **Sun'aq Tribe of Kodiak**. The requested information shall be used solely in the administration of **Employment & Training** offered by the Sun'aq Tribe of Kodiak and will not be released to any other person or agency outside the Sun'aq Tribe of Kodiak. I hereby authorize the Sun'aq Tribe of Kodiak to obtain and exchange information related to my applications to participate in their programs. This release of information shall be in effect while I'm an applicant or recipient of The Sun'aq Tribe of Kodiak Employment & Training Services which may include:

General Assistance, Community Service Block Grant, Liitukut Scholarships, Job Placement and Training, Child Care Assistance, Johnson O'Malley, or other services.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, educational institutions, private individuals and all departments and programs within and administered by the Sun'aq Tribe of Kodiak.

Specific information being requested by Sun'aq Tribe: _____

Applicant Signature

Date

Printed Name of Applicant

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