

2016 BBEDC College Development Fund – High School

High School Application Process

APPLICATION CHECKLIST:

- BBEDC Residency form (located on homepage under Quick Links (www.bbedc.com) and a copy of **one of the following**:
 - Alaska Permanent Fund Dividend records (<https://pdf.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
 - Current ADF&G commercial/sport fishing or hunting license (limited entry permit card will not be accepted)
- BBEDC **Relationship Disclosure Form**
- BBEDC **College Development Fund Application**
- Copy of **transcripts most recent High School Transcript and any College Transcripts**
- Essay or letter** including:
 - (1) Your education and employment goals.
 - (2) How this course relates to your goals?
 - (3) How will taking this course benefit you?

RENEWAL CHECKLIST:

- BBEDC **Residency Verification plus supporting documentation**(once every 12 Months)
- BBEDC **Relationship Disclosure Form**
- BBEDC **College Development Fund Application**
- Copy of **most recent High School and College transcripts**

APPLICATIONS MUST BE SIGNED AND COMPLETE NO LESS THAN THREE BUSINESS DAYS PRIOR TO THE STARTING DATE OF THE CLASS.

LATE APPLICATIONS WILL BE DENIED FUNDING.

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

BBEDC COLLEGE DEVELOPMENT FUND PROGRAM APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business/Cell Phone: _____

Student ID # _____ Student E-Mail _____

University/College or High School Enrolled In _____ Cumulative GPA _____

College Credits Earned to Date: _____

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

Educational History:

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
High School:			From: To:	
College: (list all attended)				
Other Training/Education:				

Budget:

Description	Amount
Tuition	\$ _____
Books	\$ _____
Fees	\$ _____
TOTAL	\$ _____

Enrollment Information:

Course	Credit Hours
_____	_____
_____	_____
_____	_____
Personal Contribution	_____

AMOUNT REQUESTED FROM BBEDC \$ _____ *Not to exceed 6 credits tuition, books and fees*

Advisor Signature

Date

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

Authorization for Release of Information

I hereby authorize the release of any and all information needed by the Bristol Bay Economic Development Corporation contained in city councils, villages, state, federal, private or educational agencies' records to the organization listed below:

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION
EDUCATION, EMPLOYMENT & TRAINING PROGRAMS
PO BOX 1464
DILLINGHAM, ALASKA 99576**

This information is to be used for the verification of eligibility for _____

This authority shall continue in effect for two years or until this student is no longer enrolled in BBEDC's Education, Employment or Training Program.

Signature: _____ Date: _____

In addition:

I hereby authorize BBEDC and the awarding organization to publicize my name, institution, type of training, how long it was, and village of residency to further encourage people of the Bristol Bay region to seek higher educational and training opportunities. I authorize the same organization to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Education, Employment & Training program.

Signature: _____ Date: _____

By signing this application I warrant that all information submitted is true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

NOTE: All information submitted in and with this application is confidential and will only be used as a tool for consideration of applicant's request for funding by BBEDC.

Applicant Signature

Date

PO Box 1464 • Dillingham, AK 99576 • Phone: (907) 842-4370 or (800) 478-4370
Fax: (907) 842-4336 or (888) 325-4336 • Website: www.bbcdc.com

BBEDC Relationship Disclosure Form

Applicant Name

Community

Please put a check mark next to the BBEDC Board Member(s) listed below that you are related to. If you are not related to any, please check None.

Hattie Albecker Ugashik	Margie Aloysius Aleknagik	Fred T. Angasan Sr. South Naknek	Mark Angasan King Salmon
Alexander Tallekpalek Levelock	Richard Alto Egegik	Robert Heyano Ekuk	MaryAnn Johnson Portage Creek
Kenneth Jensen Ekwok	Gerda Kosbruk Port Heiden	Jimmy Coopchiak Togiak	H. Robin Samuelsen Dillingham
Victor Seybert Pilot Point	Fritz Sharp Twin Hills	Louie Alakayak Sr. Manokotak	Betty Gardiner Clarks Point
Paul Hansen Sr. Naknek	NONE		

For each Board Member you checked above, please explain the relationship.

Please put a check mark next to the BBEDC Officer(s) listed below that you are related to. If you are not related to any, please check None.

Norman Van Vactor	Helen Smeaton	Chris Napoli	Paul Peyton
Staci Fieser	None		

For each Officer you checked above, please explain the relationship.

Applicant Signature

Date

BBEDC Affidavit of Residency Form

Name: _____ Date: _____ Phone: _____ Fax: _____

Physical Address: _____ PO Box _____

City/State: _____ Zip: _____ How long at this address? _____

The Bristol Bay Economic Development Corporation requires that anyone seeking services from BBEDC is a resident of one of the 17 Bristol Bay CDQ communities. (*Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik*)

Definition of a CDQ community resident: A person who has resided (lived) in any of the 17 CDQ communities for a period of 12 consecutive months or more immediately **prior to application** and continues to live in a CDQ community. Absences for up to **60 consecutive days per year** are allowable. Incarceration does not disqualify an individual from program eligibility; however, incarceration for more than 60 days is an inexcusable absence. The residency of any person under the age of 18 years shall be the same as the residency of the adult(s) who claim that person as a dependent on their federal tax return. **Residency must be renewed annually.**

In order to verify residency in one of the 17 CDQ communities you **must** provide the following documentation showing **your** name & **current** address (**ID and additional document address must match**):

- A copy of your government issued photo ID (Example: AK Drivers License/ID card, Military or Tribal ID card) **AND** a copy of at least **one** of the following documents:
 - 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
 - Current ADF&G commercial/sport fishing or hunting license (limited entry permit card will not be accepted)

If you are out of the CDQ community for more than 60 consecutive days, the **only excusable absences** are: **post-secondary purposes; military service; participation in BBEDC Employment & Training Programs; medical reasons; serving as member of Alaska Senate, Alaska House of Representatives or staff of any such official; or participating in a required academic internship that cannot be accomplished in-region.** To waive the 60-day requirement you must supply **one** of the following:

- School enrollment form or transcripts verifying full-time attendance during the previous year if you are a student away from home attending school
- Current orders if you are on active military duty
- Letter of verification of program participation from BBEDC Employment & Training staff
- Letter from your physician stating the reason for the need to reside in another location and the time estimated for the stay
- Proof of position in Alaska Senate or Alaska House of Representatives or employment as staff of any such official
- Proof of required academic internship and demonstration of inability to obtain the opportunity in-region

By signing this affidavit, I warrant that I am residing full-time in the community from which I am applying and I attest that the documents submitted are true and accurate to the best of my knowledge. I acknowledge that any falsification or misrepresentation of the information submitted will result in the termination of benefits and I may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

SIGNATURE: _____ **DATE:** _____

This form must be signed by an Authorized Representative of the Village Tribal Council or the City Government.

I verify that _____ is a resident of _____, and

- has been has not been (Reason: _____) residing in this CDQ community for the **past twelve months.** Residency unknown to authorized signer

PRINT NAME: _____ **SIGNATURE:** _____

ORGANIZATION: _____ **DATE:** _____

Thank you for your assistance. If you have any questions, please call BBEDC at 842-4370 or 1-800-478-4370.