



Knik Tribe Higher Education Scholarship Application

Knik Tribal Council is dedicated to helping our tribal members reach and achieve education and job goals. That's because at KTC we believe there's no greater resource than our people. No matter where you go in your career, we're here for you every step of the way.

Please complete and/or gather the following items in order for your application to be processed and reviewed by the Employment and Training Director. **(Reapplying applicants (from last semester) for the Spring Semester only need to provide the following items: Last semester grades, financial aid received documentation for college or university, updated contact information, and new class schedule.)**

- Completed KT Higher Education Scholarship Application
 - Complete all information, or indicate N/A if it doesn't apply. Failure to provide information may cause your application to be delayed or denied.
- Must be a member of Knik Tribe and have a current ID
- Two (2) page Essay, typed and single spaced
 - Explain world view as an Alaskan Native/American Indian, how funding will assist you and your community and future goals
- Letter of Admission from the school you plan on attending
- Grades for last term or High School Transcript/GED
- Two (2) letters of recommendation
- Class Schedule and Course Costs
- Student Aid Report (SAR)
 - **Merit Scoring criteria for applications - Field of study, Graduate/Undergraduate, Financial need, Letter of Support, Community Service involvement.**
 - **Higher Education only** – Report generated via the Free Application for Federal Student Aid. Must apply at www.fafsa.ed.gov or mail in paper application

Application must be **COMPLETE** and received or postmarked by **August 15th** for Fall Semester and **January 5th** for Spring Semester. If you have questions or need assistance, please contact:

Knik Tribe
(907) 373-7991 Voice
(907) 373-2161 Fax
sholcomb@kniktribe.org E-mail

Office Location:
1744 N Prospect Drive
Palmer, AK 99645

Mailing Address:
P.O. Box 871565
Wasilla, AK 99687

Open: Monday-Friday 8am-5pm
(907) 373-7991
Revised April 20, 2023

Knik Tribe Higher Education Scholarship Application

Applicant Information					
Last Name:	First Name:	MI:	Native/Nick/Maiden Name:		
Social Security #:	Date of Birth:	Place of Birth:	Gender: Male Female	Veteran: Yes No	
Marital Status: Married Single	Number of Dependents:	Membership Status			
		Original Tribal Region/Corporation			
Email Address		Resident Non-member	Associate Member	Base Member	
		Blood Quantum:	Knik Tribal Number:		
Permanent Mailing Address		Physical Address			
Home or Work Phone Number		Cell Phone Number (Optional)	Phone Number at School (Optional)		
Education		Employment/ Monthly Income			
City, State, and Year Diploma/GED Earned:		Employed		Unemployed since	
		Self Employed			
		Part Time		Full Time	
		Unemployment expired:			
Highest Grade Completed		Last Hourly Wage: \$	Never Worked, Reason:		
Education/ Vocational Schools Attended:		Monthly Income: \$	Type of Income:		
		Monthly Assistance/ Supplemental Income and Total: \$			
		Circle all that apply:			
		ATAP/ TANF /General Assistance(GA)/ Unemployment/ Social Security Veteran			
		Disability/ Longevity Bonus /Child Care Assistance /PFD/ Regional Corp. Dividends			
		/Retirement Disability/ Other: _____			
Skills (Please provide some information about your skills and abilities.)					

Signature: _____ Date: _____

Education Plans			
College/School Attending & Address:		Financial Aid Office Address:	
		Phone: _____ Fax: _____	
Term Type: Quarter Tri/Semester Other		Actual Term Start dates:	
		Fall:	Winter: Spring:
Field of Study:		Expected Degree/Certificate:	
Class Standing:		Freshman Sophomore Junior Senior Graduate Other	
Student ID:		Expected Graduation/Completion Date:	

Budget Information (completion required for Scholarships)			
Expenses: Estimate your total monthly household expenses		Supplies: Please list all requested tools, clothing, or supplies, and acquire a quote from the vendor:	
Type of Expense:	Amount:	List type of Supplies:	Cost of Supplies:
Food	\$		\$
Heating Oil/Propane/Natural Gas	\$		\$
Phone	\$		\$
Electric	\$		\$
Water	\$		\$
Rent/House Payment	\$		\$
Gasoline	\$		\$
Cable Television	\$		\$
Child Care	\$		\$
Car Payment	\$		\$
Insurance	\$		\$
Other:	\$		\$
Total Estimated Monthly Expenses	\$	Total Supply Costs	\$

Attention: By signing below, I am indicating that I understand Knik Tribal Council requires me to utilize the funds in a responsible manner. I also understand that I must maintain a GPA of 2.0 or higher, and stay in good standing with the university or education facility, which I am attending. Refusal to cooperate fully with this policy may result in the denial of financial assistance through Knik Tribal Council for training and supported work service.

Signature: _____ Date: _____

Budget Forecast (completion required)

Must <u>Complete</u> table <u>only</u> if applying for Scholarship Assistance			
Resources for Schooling (Indicate "applied" if award amount is unknown)		Schooling Expenses	
Student Contribution	\$	Tuition	\$
Parent Contribution	\$	Fees	\$
Spouse Contribution	\$	Room/Board	\$
Tribal Assistance	\$	Books/Supplies	\$
Native Corporation Grant	\$	Meal Plan	\$
ANB/ANS Grant	\$	Local Transportation	\$
Pell Grant	\$	Personal Expenses	\$
Tuition Exemption	\$	Other (specify)	\$
College Work Study	\$	UNIQUE EXPENSES (If Any)	\$
College Scholarship	\$		\$
Alaska Student Loan	\$		\$
Stafford Loan	\$		\$
Alaska Supplemental Loan	\$		\$
Alaska Family Education Loan	\$		\$
SEOG	\$		\$
Student Loan	\$		\$
Government Aid (Assistance/SSI)	\$		\$
Veteran's Assistance	\$		\$
Other:	\$	+	TOTAL EXPENSES
Other:	\$		-\$
TOTAL RESOURCES	\$	+	Amount Requested
			(Max \$2,000 per Semester or \$1,000 per Quarter)

KTC's Educational grants are based on unmet need. The maximum scholarship is \$4,000 per year (\$2,000 per semester or \$1,000 per quarter). If your unmet need is greater than KTC's maximum scholarship, please indicate in detail how you will cover your remaining financial need.

Signature: _____ Date: _____



Knik Tribe Uniform Grievance and Appeals Procedure

This procedure is applicable to both employees and services clients who feel they have not received fair and equal consideration for tribal services or job requirements. An employee, regardless of the length of appointment (except employees who have not yet completed 90 days of probation) is covered by the grievance policy. The employee or service applicant shall not be penalized in any way for submitting a grievance/appeal in good faith.

Procedure:

The employee or client should first discuss the alleged unfavorable decision with their supervisor or the staff member involved and if it cannot be resolved at this time, the following procedure shall be taken:

1. The complaint shall be presented to the Educational Coordinator in writing to provide new and compelling information which may help in rendering a new and favorable decision. Assistance by KTC shall be rendered at this stage and any other stage in the process. The Educational Coordinator shall respond in writing within five working days. If a favorable decision is not rendered at this stage, the client may proceed to step two (2).
2. If the response is not satisfactorily resolved or the Educational Coordinator does not respond in five days, the employee or aggrieved party may file a formal grievance with the Executive Director. The employee/participant may make a written request to provide new and compelling information which may help in rendering a new and favorable decision which will be reviewed by the Executive Director. A hearing shall be set up within five working days. A decision shall be issued in writing by the Executive Director within five days. If a favorable decision is not rendered at this stage the client may proceed to step three (3).
3. If the response is not satisfactory or the Executive Director does not respond in five days, the employee or aggrieved party may file a formal grievance with the Independent Appeals Committee. The Independent Appeals Committee consists of no less than three tribal Council Members. The Committee will conduct a thorough and objective review of the grievance and develop a decision. The employee/participant shall be informed of the decision in writing, explaining how the committee came to its conclusion. The decision is final.

All time limits shall be adhered to; however, the time limits may be extended by mutual written consent of both parties in the event of scheduling difficulties. This extension shall not exceed ten (10) working days. In the event the employee/participant does not respond with the time frame established; the grievance shall be considered resolved.

Applicant Signature

Date



Knik Tribe Education & Social Services Department Financial Aid Package/Need Form

Students Name: _____ DOB: _____ SSN: _____

Mailing Address: _____

Home Number: _____ Native Corporation: _____

College/University/Training Center: _____ Phone No: _____ Fax No: _____

Mailing Address: _____

Major: _____ Credits Earned to Date: _____ Credits registered for this term: _____

I give _____ permission to release the information in my financial aid academic files to the Knik Tribe's Education and Social Services Department.

Student Signature

Date

Bottom portion to be filled out by school financial aid officer

COLLEGE/UNIVERSITY/TRAINING BUDGET:

Tuition	\$
Fees	\$
Room	\$
Board	\$
Books	\$
Other (specify)	\$
Total Budget:	\$

Comments:

Student has not yet applied for financial aid.

Need cannot be determined.

Student's application is incomplete & cannot be considered.

Funds exhausted at institution

STUDENT RESOURCES AND INSTITUTION AWARDS:

Forecast for term beginning: _____ and ending: _____

TYPE OF AID:	FALL	SPRING	SUMMER	TOTAL

Financial Aid Officer Signature

Date

Submit Complete Application to:

Stephanie Holcomb
Employment & Social Services Department

Phone: (907) 671-6362
Fax: (907) 373-2178
sholcomb@kniktribe.org