

KALTAG TRIBAL COUNCIL
PO BOX 129
Kaltag, Alaska 99748

SCHOOL YEAR

RE: HIGHER EDUCATION APPLICATION REQUIREMENTS FOR NEW STUDENTS (Check List)

The items CHECKED below have been received by our office. Please submit the items NOT CHECKED as soon as possible.

- / / 1. Submit KTC Higher Education Grant Application to tribal office before the deadline date.

- / / 2. Apply for Pell Grant.
Use the Financial Aid form that your college is using. In four to six weeks you will receive a "Student Aid Report" (SAR). BE SURE TO SIGN AND SUBMIT SAR TO THE COLLEGE Financial Aid Office (FAO). After FAO receives your SAR, a budget forecast will be sent to KTC. From this budget forecast we will determine your grant amount.

- / / 3 Official Transcripts.
Copy of high school transcripts with date of graduation. OR if GED received, we will need Transcripts from last high school attended plus GED scores. Continuing students need to submit Grades to KTC after each term/semester.

- / / 4. Copy of Letter of Acceptance from College/University.

- / / 5. Copy of Tribal Enrollment Card or a verification of Alaska Native Ancestry, both of which May be obtained from TCC enrollment office: 122 First Avenue, 2nd Floor, Fairbanks, Alaska.

Kaltag Tribal Council
School Year 20____ - 20____

1. Last Name First Name MI Maiden Name 2. Social Security No. 3. Date of Birth
 Mo. ____ Dy ____ Yr ____

4. Permanent Mailing Address City or Town State Zip Code 4a. Permanent Telephone No.

5. Current Mailing Address City or Town State Zip Code 5a. Current Telephone No

6. Marial Status 7. Number of Ages of Dependents 8. Sex M ____ F ____ 9. Are you a Veteran?
 Single ____ Married ____ Yes ____ No ____

10. Regional Native Corporation Enrolled to: 11. Village Corporation Enrolled to: 12. Degree of Native/Indian

13. High School graduated from: 13a. Type of High School 13b. GED
 Name: _____ Public _____ BIA _____ State _____
 Address _____ Private Mission _____ Date: _____

14. College (s) Name(s) Address (s) Date(s) Attended Credit(s)/Earned
 Attended: _____

15. Academic Year for which this application applies (check one):
 Undergraduate: Freshman _____ sophomore _____ Junior _____ Senior _____ 5th _____
 or GRADUATE YEAR: 1ST _____ 2ND _____ 3rd _____ 4th _____

16. Name and Address of SCHOOL YOU WILL BE ATTENDING:
 Name: _____ Address: _____

17. Type of School (listed in #16): 18. School Calendar Year
 Junior College _____ Private/Sectarian _____ University/4-year college _____ Semester _____ Trimester _____ Quarter _____

19. Major COURSE of study (Please specify); 20. DEGREE being sought
 (Associate, BA, BS, MA etc) 21. Estimated date of graduation
 Month _____ Year _____

22. While in School you live (check one) 23. Student Status during Grant/
 Scholarship period: 24. Date of attendance for which
 this application is valid:
 With family _____ On Campus _____ Full-time _____ Part-time _____ From: Month _____ Yr _____
 Off Campus _____ To: Month _____ Yr _____

25. Tuition \$ _____ Fees \$ _____ Book & Supplies \$ _____ Room/Rent \$ _____ Board \$ _____ Personal \$ _____ Total \$ _____	STUDENT \$ _____ PARENT or SPOUSE \$ _____ FEDERAL & CAMPUS BASED AID: Pell \$ _____ VA \$ _____ Other (specify) _____ \$ _____ \$ _____	SCHOLARSHIPS: \$ _____ College: \$ _____ Other (specify): _____ \$ _____ _____ \$ _____ MISC/OTHER (specify): _____ \$ _____ _____ \$ _____
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26. my signature below certifies that I have read understand and agree to the conditions and authorization stated in the "Applicant's Certification". "Privacy Act Notice", "Additional Required Items" sections printed on the reversed side of this application.

Signed _____

Date _____

FINANCIAL AID PACKAGE/NEED SHEET

Student Name _____

I give permission for the University to release
Financial and academic information to KTC

SSN: _____

University _____

STUDENT: DO NOT COMPLETE BELOW THIS LINE

PHONE: _____

September 20-____ June 20 _____

COMMENTS

STUDENT RESOURCE SNA INSTITUTION AWARDS

- / / Student has not yet applied for financial aid. Need cannot be determined.
- / / Student applied late. Will not be considered For funding
- / / Student application is incomplete and cannot be considered.
- / / Funds exhausted at institution

Starting Date: _____, 20____, 20_____

TYPE OF AID	FALL	SPRING	TOTAL
AFDC or Welfare			
Alaska Student Loan			
College Scholarship			
College work study program			
Perkins Loan			
Pell Grant			
Parent/Spouse Contribution			
SEOG			
Social Security			
Student Contributions			
Tribal Assistance			
Veteran Benefits			
Stafford Loan			
Other (specify)			
Other			

Books

COLLEGE OR UNIVERSITY BUDGET

Tuition _____
 Fees _____
 Room _____
 Board _____
 Transportation _____
 Personal/Misc. _____
 Other (specify) _____

 Total Budget \$ _____

Total Resources: \$ _____
 Unmet Need \$ _____

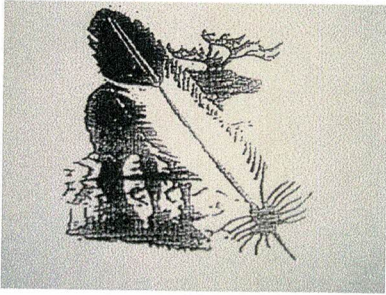
Financial Aid Officer Signature: _____ Date _____
 Phone Number _____ Address _____ State _____ Zip Code _____

Quarter System: _____ Semester System: _____

TO: FINANCIAL AID OFFICERS:

Return to the original to: Kaltag Tribal Council
 PO Box 129
 Kaltag, Alaska 99748
 Phone # 907 534-2224
 Fax # 907- 534-2299

You may keep a copy for your files.



KALTAG TRIBAL COUNCIL
PO BOX 129
Kaltag, Alaska 99748
Phone # 907- 534-2224
Fax # 907- 534-2299

Date:

To Whom It May Concern:

This is my authorization to you, for release of my grades. Please forward an official transcript to Kaltag Tribal Council at the above address:

Signature: _____
SS# _____

School: _____
Address: _____
City: _____
State: _____ Zip: _____

Additional Information

Last Year Attended: _____

Maiden or other name use while attending school: _____



KALTAG TRIBAL COUNCIL

PO BOX 129

Kaltag, Alaska 99748

Phone # 907- 534-2224

Fax # 907- 534-2299

KTC129@hotmail.com

School Year 20____

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1. Last Name First Name MI Maiden Name 2. Social Security No. 3. Date of Birth

4. Permanent Mailing Address City or Town State Zip Code 4a. Permanent Telephone No.

5. Current Mailing Address City or Town State Zip Code 5a. Current Telephone No

6. Marial Status 7. Number of Ages of Dependents 8. Sex M____ F____ 9. Are you a Veteran?
Single ____ Married ____ Yes ____ No ____

10. Regional Native Corporation Enrolled to:

11. Village Corporation Enrolled to:

12. Degree of Native/Indian

13. High School graduated from: Name:

13a. Type of High School Public __ BIA __ State__ Private Mission __

13b. GED_____ Address_____ Date:_____

14. College (s) Name(s) Address (s) Date(s) Attended Credit(s)/Earned

Attended:

15. Academic Year for which this application applies (check one):

Undergraduate: Freshman _____ Sophomore _____ Junior _____ Senior _____ 5th _____

GRADUATE YEAR: 1ST _____ 2ND _____ 3rd _____ 4th _____

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Address: _____

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(Associate, BA, BS, MA etc) Month _____ Year _____

22. While in School you live (check one)

23. Student Status during Grant/ Scholarship period:

With family __ On Campus __ Off Campus _____

Full-time _____ Part-time _____

24. Date of attendance for which this application is valid:

From: Month _____ Yr _____ To: Month _____ Yr _____

25. EXPENSE
Tuition \$ _____ Book & Supplies \$ _____ Room/Rent \$ _____
Fees \$ _____ Board \$ _____ Personal \$ _____

Funds
STUDENT \$ _____ PARENT or SPOUSE \$ _____

FEDERAL & CAMPUS BASED AID: Other (specify):

Pell \$ _____ VA \$ _____ Other (specify) \$ _____

SCHOLARSHIPS: \$ _____ College: \$ _____ MISC/OTHER (specify): \$ _____

26. My signature below certifies that I have read understand and agree to the conditions and authorization stated in the "Applicant's Certification". "Privacy Act Notice", Additional Required Items".

Signed _____

Date _____