

Kenaitze Indian Tribe

HIGHER EDUCATION

P.O. Box 988, Kenai, AK 99611
907-335-0669 * 907-335-0989 Fax
education@kenaitze.org * www.kenaitze.org

The Higher Education Program is for the specific purpose of financially assisting eligible applicants who are enrolled in an accredited college or university, and are pursuing a Baccalaureate degree. Eligibility is based on membership to a federally recognized tribe and established financial need by applying for Federal Financial Aid.

Deadline Dates for Applications: **FALL - JUNE 1 SPRING/WINTER - DECEMBER 1**

Please provide copies of the documentation listed below. If copies of the documentation are not submitted with this application or the application is incomplete, **your application will be returned to you.**

- Application form **completely filled out and signed** (KIT Form 1302)
 - Grade/Report Release Authorization (KIT Form 1302)
 - Budget Forecast form (KIT Form 1302)
- Signed Higher Education Program Guidelines (KIT Form 1301)
- Verification of Indian Ancestry (CIB or Tribal Card)
- Proof of selective service enrollment (for eligible males) <https://www4.sss.gov/regver/verification1.asp>
- Letter of Acceptance to school you are attending
- Letter stating your goals and education plans
- Alaska Drivers License/State ID
- Social Security Card: <http://www.ssa.gov/online/ss-5.html>
- Completed FAFSA Application: <http://www.fafsa.ed.gov/>
- Transcripts of high school or college or College Transcripts

Please call for an appointment after completing the application along with all documentations.

Thank You,

Sonja F. Barbaza
Educational Services Assistant

Kenaitze Indian Tribe

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Higher Education Application

Application Deadlines	<input type="checkbox"/> Fall – June 1
Please indicate the deadline you are applying for:	<input type="checkbox"/> Spring - December 1 Year: 20__

GENERAL

E-mail:
Contact Number while at school:

Last name	First	MI	SSN
DOB	Tribe of enrollment	Corporation of enrollment	Degree of Indian Blood
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			Phone number
Mailing address		City	State Zip
Are you a dependent of a deceased or disabled war veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you applied for veterans benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of dependants	Relationship to self	Age	

EDUCATION

Highest grade in secondary school completed: _____		Highest grade in college completed? _____		
Name of High School		Years attended: From: _____ To: _____		Graduation date
School address		City	State	Zip
		Date of Graduation or GED		
College or University	Address		Years	Major/Courses
Financial Office Contact No.:	Financial Office Fax No.:		Financial Office E-mail:	
Name of College/University you plan to enter		Address		City State Zip
School year is divided into: <input type="checkbox"/> Semesters <input type="checkbox"/> Quarters		Have you applied for admission? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been accepted for admission? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date classes begin	Major Field/Study	
Classification:		<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
Degree and Certificate seeking:		<input type="checkbox"/> 2 year program <input type="checkbox"/> 4 year program		

FINANCIAL INFORMATION

Personal Estimate				
	Savings	Earnings during school yr.	From parents	Total
1 st Semester/Quarter				
2 nd Semester/Quarter				
3 rd Semester/Quarter				
4 th Semester/Quarter				
TOTAL				\$
List the Scholarship aids you have applied for:				
Name	Amount applied for		Amount awarded	Date awarded

If you attended college previously, list the scholarship aid you received from ALL sources

Source	Amount	School Year

Budget Statement: If the budget is prepared before or at the beginning of the school year, estimate expenses for the whole school year, or if for one or two quarters or one semester list the expenses accordingly.

	1 st Semester/Quarter	2 nd Semester/Quarter	3 rd Semester/Quarter
A. Tuition			
B. Fees			
C. Meals			
D. Room			
E. Books/Supplies			
F. Misc. Personal			
G. Transportation			
TOTAL			
Total Amount Requested			

Signature of Parent of Guardian (required if applicant is underage)

Date

Applicant's Signature

Date

KIT Educational Service's Department Signature

Date

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Grade/Report Release Authorization

I hereby authorize _____ to release to Kenaitze Indian Tribe
(University or College planning to attend)

grades/progress reports, attendance reports and/or income information.

I understand that grades and reports pertaining to myself need to be mailed to Kenaitze Indian Tribe's Educational Services Department office to be considered for funding as follows:

- Quarterly
- Semester (2)
- Semester (3)
- Monthly
- As noted _____

Student signature

Date

KIT Educational Service's Department Signature

Date

* Student is responsible for fees for certified transcripts unless other arrangements are made.

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Budget Forecast

- This form should be completed only after receiving results from Free Application for Federal Student Aid (FAFSA).
- The first page of this form is to be completed by the student. The second page should be completed by the school Financial Aide Officer.
- Once this form has been filled out in its entirety, the completed form should be mailed or faxed back to Kenaitze Indian Tribe Attention: KIT Educational Services Department

GENERAL

Last Name	First	MI	Phone number	
Mailing Address		City	State	Zip
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)
Number of dependants:	College/ University			
Major/Emphasis			Forecasted graduation date:	
I have earned _____ credits to date. I plan to enroll for _____ credits this term.				
I give my permission for the school listed above to give my financial information to the Kenaitze Indian Tribe's Educational Services Department.				
Applicant's signature			Date	

BUDGET FORECAST

*****This section should be completed by the school Financial Aide Officer*****			
Forecast for term beginning: _____ and ending _____			
Anticipated Resources		Anticipated Expenses	
Alaska Native Scholarship	\$	Tuition	\$
BEOG	\$	Fees	\$
College/Univ. Scholarship	\$	Dorm room deposit	\$
Parent Contribution	\$	Rent	\$
Private Scholarship	\$	Board	\$
Salary/part-time employment	\$	Meals	\$
SEOG	\$	Books	\$
Social Security Administration	\$	Supplies	\$
State Student	\$	Tools	\$
Student Contribution	\$	Transportation (itemize)	
Tuition Grant (Alaska)	\$		\$
Veterans Administration	\$		\$
Vocational Rehabilitation	\$		\$
Work Study Scholarship	\$		\$
Workforce Investment	\$	Total transportation expenses	\$
Federal Resources		Other expenses	\$
Federal Pell Grants	\$	TOTAL EXPENSES	\$
FSEOG	\$	Subtract TOTAL RESOURCES	\$
FWS	\$	TOTAL NEED from BIA	\$
Perkins Loans	\$		
Stafford Loans	\$		
SLS	\$		
Other resources	\$		
TOTAL RESOURCES	\$		

Student's signature

Date

Financial Aide Officer

Date