

# *Kenaitze Indian Tribe*

## **CIRCLE OF LIFE**

P.O. Box 988, Kenai, AK 99611  
907-335-0669 \* 907-335-0989 Fax  
[education@kenaitze.org](mailto:education@kenaitze.org) \* [www.kenaitze.org](http://www.kenaitze.org)

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

*These funds have the same requirements as the Higher Education Program, but will assist high school and college bound students. Recipients of this scholarship will pay back one-half of the funds either in a dollar amount, or in hours of volunteer time. Also scholarships awarded will have a cap of \$300.00, in which could increase if more money becomes available.*

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

Please complete and bring in all of the documents listed below. Please use ink and print clearly, because these forms become part of your permanent record. **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 1312)
  - Grade/Report Release Authorization (KIT Form 1312)
  - Budget Forecast form (KIT Form 1312)
- Signed Circle of Life Program Guidelines (KIT Form 1313)
- 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, College Transcripts

***Sondra Shaginoff-Stuart***

Career and Education Counselor

# *Kenaitze Indian Tribe, I. R. A.*

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 Fax (907) 335-0989

## Circle of Life Application

<b>Application Deadlines</b>	
Please indicate the deadline you are applying for:	<input type="checkbox"/> FALL SEMESTER - JUNE 1 <input type="checkbox"/> SPRING SEMESTER - DECEMBER 1

<b>GENERAL</b>			<b>email:</b> _____		
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 primary school completed: _____		Highest grade in college completed? _____			
Name of High School		Years attended: From:                      To:		Graduation date	
School address		City	State	Zip	Date of GED

College or University	Address	Years	Major/Courses
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"/> 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 <sup>st</sup> Semester/Quarter				
2 <sup>nd</sup> Semester/Quarter				
3 <sup>rd</sup> Semester/Quarter				
4 <sup>th</sup> Semester/Quarter				
<b>TOTAL</b>				<b>\$</b>
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 source				
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 <sup>st</sup> Semester/Quarter	2 <sup>nd</sup> Semester/Quarter	3 <sup>rd</sup> 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 Financial Aide Officer's 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 Education, Employment and Training office to be considered for funding as follows:

- Quarterly
- Semester (2)
- Semester (3)
- Monthly
- As noted \_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KIT Financial Aide Officer's 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 complete form should be mailed or faxed back to Kenaitze Indian Tribe Attention: KIT Financial Aide Officer

### **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, Employment and Training Department.					
_____ Applicant's signature			_____ Date		

## BUDGET FORECAST

<b>*****This section should be completed by the school Financial Aide Officer*****</b>			
Forecast for term beginning: _____ and ending _____			
<b>Anticipated Resources</b>		<b>Anticipated Expenses</b>	
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	\$	<b>Transportation (itemize)</b>	
Tuition Grant (Alaska)	\$		\$
Veterans Administration	\$		\$
Vocational Rehabilitation	\$		\$
Work Study Scholarship	\$		\$
Workforce Investment	\$	Total transportation expenses	\$
<b>Federal Resources</b>		Other expenses	\$
Federal Pell Grants	\$	<b>TOTAL EXPENSES</b>	<b>\$</b>
FSEOG	\$	Subtract TOTAL RESOURCES	<b>\$</b>
FWS	\$	<b>TOTAL NEED from BIA</b>	<b>\$</b>
Perkins Loans	\$		
Stafford Loans	\$		
SLS	\$		
Other resources	\$		
<b>TOTAL RESOURCES</b>	<b>\$</b>		

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Aide Officer

\_\_\_\_\_  
Date