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William Tennyson and Joseph Clark Voc/Tech Scholarship

ELIGIBILITY REQUIREMENTS: (please check off)

Annual DEADLINE is JUNE 15th.

BBHA accepts Voc-Tech applications from Bristol Bay tribal members who are in need of financial assistance to attend various voc-tech schools that have certificate and diploma programs. The requirements of eligibility are:

- Provide proof of tribal membership in a Bristol Bay Tribe. (Attached Verification Form)
- Complete BBHA Voc/Tech Scholarship Application
- Provide completed Budget sheet
- Provide proof of age, 18 years or older
- Acceptance letter from the school you are applying
- Provide two letters of recommendation
 1. Professional (school or work related)
 2. Personal
- Submit an essay or letter of request that includes:
 - (1) Your training and employment goals
 - (2) How your training relates to your goals
 - (3) Employment opportunities after completion of your training
 - (4) Where you see yourself in 5 years after training.
- Release of information form

The deadline for applications is June 15th. Late applications will not be considered for scholarships. The scholarship is \$ 2,500.00. Two will be funded each year, one in the name of William M. Tennyson, one in the name of Joseph L. Clark. BBHA will not reimburse a student for any portions of training or associated cost that a student has already paid for. If continuing education beyond one year, an application for the second and subsequent years will need to be filed each year.

Please Print

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business/Message Phone: _____

Student ID number _____ Email Address: _____

Are you a U.S. citizen? ___ Yes ___ No If No, Work Permit Number? _____

Employment & Training Goals:

1. What specific job do you have in mind after completion of this training program?

2. Where will you be getting your training? _____

3. What specific training program are you enrolled in? _____

4. Start Date: _____ Graduation Date: _____

5. What certification will you have upon completion of this training program?

6. Have you previously received Employment/Training services from BBHA? ___ Yes ___ No

7. What employment opportunities are there for you upon completion of this training?

8. Do you plan to return to utilize your training in the Bristol Bay Region upon completion ___ Yes ___ No

Education History

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
High School:			From: To:	
Technical/Trade:			From: To:	
College: (list all attended)				
Other Training/Education:				
a. If you began, but did not complete a vocational / technical training program please explain WHY? (Be Specific)				

Employment History

Last or Present Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		
Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		
Employer		Nature of Business	Job Title:
Address:		Phone Number	Brief Description of Job Duties:
City	State	Zip Code	
Supervisor's Name		Phone Number	
Base Salary:	Dates Worked: From _____ To _____		

Budget Information:

Please include your training budget for the program you have applied for. Include only the budget information that is appropriate.

Actual Costs:

<u>Description</u>	<u>Amount</u>
Tuition	\$ _____
Books	\$ _____
Airfare	\$ _____
Room	\$ _____
Board	\$ _____
Transportation	\$ _____
Lab and other Fees	\$ _____
Miscellaneous	\$ _____
TOTAL	\$ _____

Student/Funding Agency Contributions

<u>Description</u>	<u>Amount</u>
Savings	\$ _____
BBNA	\$ _____
BBNC	\$ _____
BBEDC	\$ _____
Permanent Fund Dividend	\$ _____
State (WIA)	\$ _____
Student Loan	\$ _____
Other sources _____ (List source) _____	\$ _____
TOTAL	\$ _____

AMOUNT REQUESTED FROM BBHA \$ _____ (No more than \$ 2,500.00)

REMEMBER TO INCLUDE ONE PAGE ESSAY AS NOTED ON THE FIRST PAGE OF THE APPLICATION.

Applicant 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 BBHA 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 applicants request for funding by BBHA.

BBHA Affidavit of Bristol Bay Tribal Membership

Name: _____ Date: _____
(Please print)

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ Name of Tribe where Enrolled: _____

The Bristol Bay Housing Authority requires that anyone seeking services from BBHA is a tribal member of one of the Villages in Bristol Bay.

In order to verify your tribal membership in a Bristol Bay Tribe, and your current address, you **must** provide certification below from your Bristol Bay Tribe.

- A Bristol Bay Tribe is defined as a tribe which is recognized by the U.S. Department of the Interior.

By signing this affidavit, I warrant that I am a tribal member of the Bristol Bay Tribe identified and that the information submitted is 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 BBHA as a result of the information provided.

SIGNATURE: _____ DATE: _____

This form must signed by an authorized representative of the village tribal council:

I verify that _____ is a tribal member of _____.
(Name)

Effective: _____
(Date of Enrollment)

Tribal Enrollment # _____

Signed by: _____ Date: _____

Tribe: _____ Phone: _____

Thank you for your assistance. If you have questions, please call BBHA at 842-5956 or 1-888-484-8233.

BBHA USE ONLY BELOW THIS LINE:

Tribal Verification: _____ Date: _____

BBHA Employee: _____

**Bristol Bay Housing Authority
Authorization for Release of Information**

I hereby authorize the release of any and all information needed by the Bristol Bay Housing Authority **contained in city councils, tribal, villages, state, federal, private or educational Agencies' records to the organization listed below:**

**BRISTOL BAY HOUSING AUTHORITY
PO BOX 50
DILLINGHAM, ALASKA 99576**

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

This authority shall continue in effect until this student is no longer enrolled in BBHA's Scholarship Program.

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

In addition:

I hereby authorize BBHA 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 Scholarship program.

Signature: _____ Date: _____

I authorize you to furnish the Bristol Bay Housing Authority with any and all information that you have concerning my work/employment records and me. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications for the position and/or training I am seeking. I further understand that the information you furnish will not be disclosed to any person not connected the Bristol Bay Housing Authority hiring practices, including myself.

I understand my rights under Title 5, United States Code, Section 552a, and the Privacy Act of 1974. I hereby waive those rights with the understanding that the information furnished will be used by the Bristol Bay Housing Authority and retained by them in confidence.

I hereby release you, and your organization from any liability of damages that may result from furnishing The information requested.

Applicants Printed Name: _____

Applicants Signature: _____ Date: _____