



Eklutna, Inc. Scholarship and Grant Program
 GENERAL, CULTURAL FELLOWSHIPS, & CHILD - ADULTS GRANT APPLICATION

ELIGIBILITY (This section to be completed by first-time EI Applicants.)

1 I certify that I am An Original Enrollee of Eklutna, Inc. (EI) A direct Lineal Descendant of an EI Original Enrollee

2 Name of EI Original Enrollee to whom you are directly related: Name (Last, First, M.I.): _____
 Other name, if any: _____

3 Relationship: Parent Grandparent Great Grandparent Other [specify] _____

PERSONAL INFORMATION

4 Name (Last, First, M.I.): _____ Parent Name, if applicant under 18 years (Last, First, M.I.): _____

5 Mailing Address _____ Email Address _____

6 City, State, Zip Code _____ Birth Date (Mo, Day, Yr) _____ Gender (M or F) _____ Phone _____

7 Are you related to a member (parent, sibling, child) of the governing Board that manages the EI Scholarship and Grant Program?
 Yes No If "yes," indicate the Name: _____ Specify relationship _____

APPLICATION CATEGORY AND SUBMISSION DEADLINE (Review the E I Program "Guidelines" for descriptions.)

8 **Application Category** [Check one box.]

General Fellowship

Cultural Fellowship

Child - Adults Development Grant

9 **Deadline for this Application:** **Open**

EDUCATION AND RELATED ACTIVITIES STATUS

10 **Education Achievement.** Check all that apply.

Under 12th grade Level: _____ 2-year Associate Degree

High school diploma 4-year undergraduate degree

General Education Certificate (GED) Masters / Doctorate degree/s

Vocational training certificate/s Other(specify): _____

Currently enrolled in postsecondary education program:
 Certificate Fr Soph Jr Sr Masters Doctorate

11 **Recent Community/Volunteer Activities, Job, Honors, Awards, Accomplishments**

12 STATEMENT OF PURPOSE

Describe your education/training goals. What do you hope to accomplish as a result of this training / education experience?

EDUCATION PLAN FOR WHICH THIS APPLICATION IS PREPARED

13 Date Education Program begins: _____ Date Education Program ends: _____

14 Number of credits you plan to take, if applicable: _____

15 Education Field of Study in which you plan or are enrolled: _____

16 Current education program: 2-year Associate 4-year bachelor Masters Doctorate Other (specify): _____

17 Most recent cumulative grade point average (GPA) _____

18 Expected date of graduation or completion: _____

COLLEGE/UNIVERSITY YOU PLAN TO ATTEND

19 Name of College/University/Training Institution _____ Check this box if your studies are online, distance delivery, or correspondence.

20 Financial Aid Office Mailing Address _____ Phone _____ Fax _____

21 City _____ State _____ Zip Code _____

22 BUDGET FORECAST Fill in the blanks that apply to this application request.

A. Expenses: Direct Education Costs		B. Sources of Academic Funds	
Tuition	\$ _____	Personal / family contribution	\$ _____
Registration/graduation fees	\$ _____	Tuition Waiver	\$ _____
Books and required supplies	\$ _____	Veterans Administration Aid	\$ _____
Online distance delivery costs	\$ _____	State/Federal Social Security Scholarship s/ Fellowships	\$ _____
		Tribal Scholarships/Grants	\$ _____
		State/Federal Student Loans	\$ _____
		Other (specify)	\$ _____
TOTAL EDUCATION EXPENSES	\$ _____	TOTAL FUND SOURCES	\$ _____
Amount Still Needed [Total Projected Sources Minus Total Expenses]		\$ _____	

23 APPLICATION PREPARATION CHECKLIST

a Please read and follow eligibility, guidelines, and qualifications Most recent Official Grade Transcripts.

b Complete all sections of the application. Proof of Completion - Grade transcripts, Certificate of Completion, Letter of Completion, or Progress Report.

c Include these documents with the application:

Eligibility document/s (first-time applicants) Proof of correction of previous scholarship infraction, if applicable.

Letter of Reference [for Vocation/Career Upgrade classes]

Education Institution- Letter of Acceptance or Notice of registration for schooling

24 APPLICANT CERTIFICATION

I certify that the information contained within this application and attachments is true to the best of my knowledge and is my own work. I also certify that I have read the EI Scholarship / Grant Guidelines, Qualifications, and Terms and Conditions. I understand that misrepresentaion or fraudulent information may be grounds for loss of grant funds and repayment. I also understand that if I receive a grant award, I am expected to complete the workshop, seminar, courses, and applicable credits for which I received the award.

APPLICANT SIGNATURE _____ **DATE:** _____

25 ALTERNATE CONTACT AUTHORIZATION

I certify that in the event I cannot be reached by the Scholarship Administrator, that I authorize the following individual to be contacted on my behalf. I understand that it is my responsibility to follow up on any additional requests in a timely manner. Failure to respond to request for information may be grounds for loss of grant funds

Alternate Contact Name: _____ **Phone:** _____

APPLICANT SIGNATURE _____ **DATE:** _____

26 APPLICATION SUBMISSION

Mail, e-mail, or fax your completed EI grant form and required documents so that they are **RECEIVED by the EI Program Administrator ON OR BEFORE THE SELECTED DEADLINE** Submit to:

Cook Inlet Tribal Council, EI Scholarship & Grant Program, 3600 San Jeronimo Drive, Anchorage, AK 99508. Email: info@citci.org

Website: www.citci.org Tel: (907) 793-3300 Toll Free: (877) 985-5900 Fax: (907) 793-3394