



**Eklutna, Inc. Scholarship and Grant Program**  
**CHILD TO ADULT DEVELOPMENT / GENERAL OR CULTURAL FELLOWSHIP**  
**GRANT APPLICATION**

**ELIGIBILITY** (This section to be completed by first-time Eklutna, Inc. (EI) Applicants.)

1	Certification that Applicant is:	<input type="checkbox"/> An Original Enrollee of EI	<input type="checkbox"/> 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:	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent
		<input type="checkbox"/> Great Grandparent	<input type="checkbox"/> Other [specify] _____

**APPLICANT PERSONAL INFORMATION**

4	Applicant Name (Last, First, M.I.)	Minor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Mailing Address	Email Address		
6	City, State, Zip Code	Birth Date (Mo, Day, Yr)	Gender (M or F)	Phone
4	If Minor, Parent/Legal Guardian Name (Last, First, M.I.)			
5	Mailing Address	Email Address		
6	City, State, Zip Code	Phone		
7	Are you related to a member (parent, sibling, child) of the governing Board that manages the EI Scholarship and Grant Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," indicate the Name: _____ Specify relationship _____			

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

8	<b>Application Category</b> [Check one box.] <input type="checkbox"/> <u>General Fellowship</u> <input type="checkbox"/> <u>Cultural Fellowship</u> <input type="checkbox"/> <u>Child - Adults Development Grant</u>
9	<b>Deadline for this Application:</b> <b>Open</b>

**EDUCATION AND RELATED ACTIVITIES STATUS**

10	<b>Education Achievement.</b> Check all that apply. <input type="checkbox"/> Under 12th grade    Level: _____ <input type="checkbox"/> High school diploma <input type="checkbox"/> General Education Certificate (GED) <input type="checkbox"/> Vocational training certificate/s <input type="checkbox"/> Currently enrolled in postsecondary education program: <input type="checkbox"/> Certificate <input type="checkbox"/> Fr <input type="checkbox"/> Soph <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> 2-year Associate Degree <input type="checkbox"/> 4-year undergraduate degree <input type="checkbox"/> Masters / Doctorate degree/s <input type="checkbox"/> Other(specify): _____
11	<b>Recent Community/Volunteer Activities, Job, Honors, Awards, Accomplishments</b>

**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	<input type="checkbox"/> 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.

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

a Please read and follow eligibility, guidelines, and qualifications b Complete all sections of the application. c Include these documents with the application: <input type="checkbox"/> Eligibility document/s (first-time applicants) <input type="checkbox"/> Letter of Reference [for Vocation/Career Upgrade classes] <input type="checkbox"/> Education Institution- Letter of Acceptance or Notice of registration for schooling	<input type="checkbox"/> Most recent Official Grade Transcripts. <input type="checkbox"/> Proof of Completion - Grade transcripts, Certificate of Completion, Letter of Completion, or Progress Report. <input type="checkbox"/> Proof of correction of previous scholarship infraction, if applicable.
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**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 misrepresentation 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:** \_\_\_\_\_

**IF MINOR, PARENT / LEGAL GUARDIAN 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

<b>Alternate Contact Name:</b> _____	<b>Phone:</b> _____
<b>APPLICANT SIGNATURE</b> _____	<b>DATE:</b> _____
<b>IF MINOR, PARENT / LEGAL GUARDIAN SIGNATURE</b> _____	<b>DATE:</b> _____

**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](mailto:info@citci.org)  
Website: [www.citci.org](http://www.citci.org)      Tel: (907) 793-3300      Toll Free: (877) 985-5900      Fax: (907) 793-3394