



Eklutna, Inc. Scholarship and Grant Program
ADULT EDUCATION / EMPLOYMENT URGENT ACCESS
GRANT APPLICATION

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

1	I certify that I am <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, MI): _____ Other name, if any: _____
3	Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Other [specify] _____	

PERSONAL INFORMATION

4	Name (Last, First, M.I.)	Parent name if applicant 17 years or younger. (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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," indicate the Name: _____ Specify relationship _____			

STATEMENT OF PURPOSE (Review the EI Program "Guidelines" for Grant description.)

8	a. Indicate the type of activity in which you are involved that requires the need for urgent access materials. <input type="checkbox"/> New job hire <input type="checkbox"/> Vocational training <input type="checkbox"/> Other (specify) _____			
	b. Describe your education/training goals. What is your vision for your education or employment career? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
	c. Only complete this item if you are registered for a postsecondary vocational training program: i. Training program name: _____ ii. Name of the institution/organization that offers the program: _____ iii. Address of training entity: _____ City _____ St _____ Zip _____			

EMPLOYER Complete this section only if the application is work-related.

9	Employer Name or Pending Employer	Supervisor Name	
	Employer Mailing Address	Phone	Fax
	City	State	Zip Code

10 URGENT ACCESS GRANT APPLICATION: COSTS FOR TRAINING OR EMPLOYMENT

Expense Item/s		Sources of Funds	
Training Cost	\$ _____	Personal / family contribution	\$ _____
Certification Fee/s	\$ _____	Training/Fee Waiver	\$ _____
Training Supplies	\$ _____	Tribal Grant	\$ _____
Tools	\$ _____	Other (specify) _____	\$ _____
Equipment such as computer	\$ _____	Other (specify) _____	\$ _____
Equipment such as a printer	\$ _____		
Required clothing/uniform	\$ _____		
Other (specify) _____	\$ _____		
TOTAL ACADEMIC EXPENSES	\$ _____	TOTAL FUND SOURCES	\$ _____

21 APPLICATION PREPARATION CHECKLIST

a Please read and follow the EI Scholarship and Grant Program eligibility, guidelines, qualifications carefully.

b Complete all sections of the application.

c Include these documents with the application:

Eligibility document/s (first-time applicants) Employer letter stating the work-related items required, if applicable.

Letter of Acceptance for schooling, if applicable List of school and / or work-related items and price quote for each.

22 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. I also understand that if I receive a grant I am expected to use the items as described on this application.

APPLICANT SIGNATURE _____ **DATE:** _____

23 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:** _____

24 APPLICATION SUBMISSION Mail, e-mail, or fax your completed EI grant application and required documents.

Application Deadline is Open. Allow one week (5 business days) for a decision.

Submit to: Cook Inlet Tribal Council, EI Scholarship and 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