



Aleut Community of St. Paul Island  
Tribal Government  
Vocational Education Scholarship Application

2050 VENIA MINOR ROAD  
P.O. BOX 86  
ST. PAUL ISLAND, ALASKA 99660

VOCATIONAL EDUCATION SCHOLARSHIP APPLICATION CHECKLIST

To process your application in a timely manner, the following information is necessary. To make sure all information is submitted, please use this checklist. Please double check to see that all information is complete and you have signed where indicated. All of these items must be submitted in order for your application to be considered complete.

Personal Goal Statement/Letter of Intent Including Future Plans  
Letter of Acceptance  
Copy of Transcripts  
Release of General Information Authorization  
Vocational/General Education Refund

Upon completion, mail or deliver to:

Aleut Community of St. Paul Island -  
Bering Sea Campus  
PO Box 86  
St. Paul Island, Alaska 99660

Note: Vocational Education Scholarships are provided as funding allows. Completed applications need to be turned into the Bering Sea Campus at least four (4) weeks prior to start of program. Incomplete applications will not be considered by the Scholarship Committee.

VOCATIONAL EDUCATION SCHOLARSHIP APPLICATION			
Date of Application:			
Student Information Sheet			
Name:			
Permanent Address:			
Email Address:			
Contact Number:			
Date of Birth		Social Security #:	
Education			
Institution	City/State	Dates Attended	Degrees Obtained
Work Experience			
Employer	Address and Phone #	Dates Employed	Work Performed
Have you ever applied for training through the Tribe?		Yes	No
If yes, when did you complete the training?			
Have you ever been convicted of a felony?		Yes	No
If yes, please explain:			
Vocational Education Agreement			
<p>I _____, have been accepted for Employment and Training and agree to:</p> <ol style="list-style-type: none"> <li>1. Attend all sessions of the training. If a session is missed for any reason other than an emergency with authorization from the Scholarship Committee representatives, I will repay the cost of the training and related expenses to the Tribal Government of St. Paul in a timely manner.</li> <li>2. Show up on time for the training session and stay until the end of the training session.</li> <li>3. Refrain from the use of alcohol or drugs while attending the training. If alcohol or drug use occurs while attending the training, I will repay the cost of the training.</li> <li>4. Follow the rules, regulations and attendance requirements of the training.</li> </ol> <p>The Tribal Government of St. Paul, in accepting this application and upon my satisfactory performance of the above obligations agrees to furnish financial assistance for tuition and related expenses as funding allows.</p>			
Vocational Education/Training Amount Requested:			
Applicant's Signature		Date	

<b>RELEASE OF GENERAL INFORMATION AUTHORIZATION FORM</b>	
<b><i>To be Completed by Applicant</i></b>	
Student Name on College Records:	
Social Security Number or Student ID:	
Date of Birth:	
<p>I hereby authorize the release of any general information from _____ to the Aleut Community of St. Paul – Tribal Government for the purpose of determining vocational funding assistance.</p>	
Student's Signature	Date
<b>Release of General Information Authorization <i>To be Completed by ACSPI-Tribal Government-Bering Sea Campus</i></b>	
To:	
<p>To Whom it May Concern:</p> <p>Please provide any information from the above named student to the Tribal Government of St. Paul Island for the purpose of determining vocational education funding assistance to the following address:</p> <p>Aleut Community of St. Paul                      Tribal Government - Bering Sea Campus                      PO Box 86                      St. Paul Island, AK 99660</p> <p>Sincerely,</p>	
Scholarship Committee Representative	Date

**VOCATIONAL EDUCATION REFUND FORM**

I hereby agree that if I fail to complete the Vocational Education training or otherwise fail to comply with the requirements for eligibility for which I received a Vocational Education scholarship hereunder, I will promptly repay to the Aleut Community of St. Paul Island – Tribal Government the scholarship amount received and notify the higher education coordinator of such changes. I acknowledge this provision will not apply if I take a leave of absence from school and said school approves the leave in advance. I hereby direct that, if I cannot repay the scholarship, the Scholarship Committee may obtain, at its discretion, such refund from my Alaska Permanent Fund Dividend if necessary.

Name of College or University

Student's Signature

Date