



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

**GENERAL EDUCATION AND TRAINING SCHOLARSHIP APPLICATION CHECK-OFF LIST**

To process your application in a timely manner, the following information is necessary. To make sure all information is submitted, please use this check off list. 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  
Tribal Government  
PO Box 86  
St. Paul Island, Alaska 99660

Note: General Education and Training Scholarships are provided as funding allows.

GENERAL EDUCATION AND TRAINING 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:			
Education and Training Agreement			
<p>I _____, have been accepted for Employment and Training and agree to:</p> <ol style="list-style-type: none"> <li>Attend all sessions of the training. If a session is missed for any reason other than an emergency with authorization from the Tribal Government Higher Ed. Rep, I will repay the cost of the training and related expenses to the Tribal Government of St. Paul in a timely manner.</li> <li>Show up on time for the training session and stay until the end of the training session.</li> <li>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>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	

**RELEASE OF GENERAL INFORMATION AUTHORIZATION FORM**

***To be Completed by Applicant***

Student Name on College Records:	
Social Security Number or Student ID:	
Date of Birth:	

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 assistance.

Student's Signature	Date
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**Release of General Information Authorization  
*To be Completed by TGSPI***

To:	

To Whom it May Concern:

Please provide any information from the above named student to the Tribal Government of St. Paul Island for the purpose of determining vocational assistance to the following address:

Aleut Community of St. Paul  
Tribal Government  
PO Box 86  
St. Paul Island, AK 99660

Sincerely,

Higher Education Representative	Date
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**VOCATIONAL/ GENERAL EDUCATION REFUND FORM**

I hereby agree that if I fail to complete the Vocational Education/General Education training or otherwise fail to comply with the requirements for eligibility for which I received a Vocational Education/General 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 Education 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