Gwichyaa Zhee Gwich’in Tribal Government
(Formerly known as the Native Village of Fort Yukon, IRA)
P.O. Box 126
Fort Yukon, AK 99740
Phone: (907) 662-2581
Fax: (907) 662-2222

GZGTG EDUCATION/EMPLOYMENT DEPARTMENT

HIGHER EDUCATION APPLICATION REQUIREMENTS FOR NEW STUDENTS

NAME: ___________________________________________________________

DATE: ________________________________

THE FOLLOWING DOCUMENTS ARE REQUIRED WITH YOUR APPLICATION

1. ___ GZGTG/NVFY Scholarship Application submitted before the deadline date.

2. ___ Copy of Letter of Acceptance from College or degree program you will be attending.

3. ___ Official Transcripts/Diploma
   Copy of High School Transcripts and Diploma w/ graduation date OR if GED, date received. Continuing students need to submit grades to NVFY after each semester/term.

4. ___ Apply for the PELL GRANT.

5. ___ Copy of Tribal Enrollment Card or a Verification of Alaska Native Ancestry both of which may be obtained from NVFY Enrollment Office.

PLEASE SUBMIT APPLICATION AND DOCUMENTS TO THE FOLLOWING;

GZGTG EDUCATION/EMPLOYMENT DEPARTMENT
ATTN: DONNA THOMAS, EDUCATION DIRECTOR
PO BOX 126, 3RD & ALDER STREET
FORT YUKON, AK 99740
(907) 662-2581
Gwichyaa Zhee Gwich’in Tribal Government
Higher Education Grant Program
POLICIES & PROCEDURES

IMPORTANT! As GZGTG Higher Education Grant funds are supplemental in nature, applicants are required to apply to all available State, Federal, and private financial aid, and all available student-family resources, before funding from GZGTG will be considered.

I. PURPOSE
The purpose of the GZGTG Higher Education Grant Program is to FINANCIALLY ASSIST eligible GZGTG enrolled tribal members of who are enrolled in an accredited college or university, and who can demonstrate FINANCIAL NEED.

II. ELIGIBILITY
A. To be eligible for Higher Ed grant:
   1. One-fourth (1/4) or more degree of Indian blood
   2. Recognized by GZGTG and an enrollee
   3. In financial need as determined by the college or university official after the following funds are utilized:
      a. Grants and scholarships from college, university, private and foundation grants.
      b. Personal and/or family contribution.

III. DETERMINATION OF ELIGIBILITY
An applicant’s eligibility shall be determined by the GZGTG Education Department Staff and/or Scholarship Committee.

IV. STANDARDS FOR GRANT APPLICATION AND FUNDING
A. All applicants must have completed their grant application packet for the academic school year. This is based on 9-month cost projections.
B. Continuing undergraduate applicants who meet the academic requirements will be funded first, with priority being giving to seniors and juniors.
C. Graduate students may be funded if funds are available and if all other resources have been exhausted.

V. APPLICATION DEADLINE
The grant application and all other required items (see attached) must be in GZGTG Education Department Office no later than:

   **JUNE 30th** FOR FALL SEMESTER

   **NOVEMBER 30th** FOR SPRING SEMESTER

   **FEBRUARY 28th** FOR SUMMER SEMESTER
VI. ACADEMIC REQUIREMENTS AND PROGRESS EVALUATIONS

A. For continuation of funding under the GZGTG Higher Education Grants Program, students must maintain a minimum 3.0 grade point average (GPA) while earning no less than an average 12 credit hours per semester.

B. All students who have been funded by GZGTG in excess of two (2) years will have their college transcripts reviewed for purpose of evaluating the student’s progress and to determine student’s effort to complete his/her educational goals.

VII. NOTIFICATIONS AND PAYMENT OF AWARDS

A. As soon as possible the GZGTG Education/Employment Department will notify applicants in writing as to the approval/disapproval of their application. Notifications of approval will specify the amount of award.

B. Payment/Award will be sent to the Financial Aid Office of the institution that the student will be attending. Such award will be in the student’s name, in care of the institution, and will be released based on enrollment information by the Financial Aid Officer.
GWICHYAA ZHEE GWICH’IN TRIBAL GOVERNMENT
HIGHER EDUCATION SCHOLARSHIP APPLICATION
SCHOOL YEAR ______

STUDENT INFORMATION

Name: ______________________________________________________________________________________________
(Last, First, and Middle Initial or Maiden Name)

Home Address: ____________________________________________________________________________________________
Street/ P.O. Box City State Zip

School/University Address: ______________________________________________________________________________________
Street City State Zip

Telephone Number: (_______)_________-_____________ (_______)_________-_____________ Home or Cell Work

Date of Birth (mm/dd/yyyy): ______/_______/___________ Social Security Number: _________-________-_________

Are you an enrolled Tribal Member? Yes No Email Address:____________________________________

Marital Status:  Single Married Divorced Number of Dependents: _____ Gender: Male / Female Veteran: Y / N

High School Graduation Date: ___________________________ GED Received (date): _________________

School Information

School/University Name: ______________________________________________________________________________________

School/University Address: ______________________________________________________________________________________

Funding Requested for the ______________ (year) For the following semester: (circle one) Fall Summer Spring

I am a (circle one):       Freshman              Sophomore             Junior                 Senior

Graduate Student (circle year in program):       1         2         3         4

Student Status:  Full-time _____    Part-time _____

Type of Institution:   Four-Year ____    Community College ____ Voc-Tech College ____    Career College ____

Major Course of Study: _________________________________________________________________________________

Degree Sought: _______________________________________ _Estimated Date of Graduation: ______________________

Financial Aid Information

Financial Aid Officer Name: _____________________________________________ Phone #: ________________________

Financial Aid Office Address: ______________________________________  ______________________  ______ ________
Street                City               State      Zip

My signature below signifies that I have read, understand and agree to the conditions and authorizations stated in the
“applicant’s certification.”

Signed __________________________________________ Date ________________________
FINANCIAL AID NEED SHEET

Name: ______________________________________________________________________________________________

(Last, First, and Middle Initial or Maiden Name)

Social Security Number: ______________-____________-______________

School/University Name: ________________________________________________________________________________

I give permission for the above institution to release financial and academic information to the Bureau of Indian Affairs (B.I.A.) and to the Gwichyaa Zhee Gwich’in Tribal Government.

Signed   Date
_______________________________________________________________ ______________________________

Telephone Number: (_______)_________-_____________ (_______)_________-_____________

Home    Mobile

Student is: single ____        married ____        dependent ____        self-supporting ____

September _______________  June _______________

Comments:

_____ Student has not applied for Financial Aid

_____ Student applied late (date application received: __________)

_____ Student’s application is incomplete

_____ Funds exhausted at institution

College Budget

TUITION _______________________

ROOM _______________________

MEALS _______________________

FEES _______________________

BOOKS _______________________

OTHER _______________________

TOTAL  $ _____________________

TOTAL RESOURCES  $ _____________________

Unmet Need $ _____________________

Financial Aid Officer’s Signature: _______________________________________________________________________

Phone: ____________________________________ Email: ________________________________________________

To Financial Aid Officer
Return Original to: GZGTG Education Office
PO Box 126
Fort Yukon AK  99740
TRANSCRIPT RELEASE REQUEST

TO WHOM IT MAY CONCERN:

I hereby authorize you to release my financial and academic records (including grades) to the Gwichyaa Zhee Gwich’in Tribal Government. Please forward an official transcript to the Gwichyaa Zhee Gwich’in Tribal Government Education Department at the above address.

______________________________________________________  __________________________
Printed Name Maiden Name (if applicable)

______________________________________________________
Signature Date

____________________ – ________________ – ____________________  ______________________________
Social Security Number Date of Birth

Name of School: __________________________________________

Address:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Last year attended: _________________________________________
NARRATIVE

In the space provided below, write a concise, essay-type narrative stating why you want to attend college and what you feel are your personal characteristics that make you a good higher education student.

1. Reason for wanting to go to school
2. Personal strengths & positive characteristics
3. Extra curricular activities & community involvement activities
4. Hobbies, interests
5. Awards & recognitions received

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Signature Date