

Native Village of Buckland
Buckland IRA Council
PO Box 67
Buckland, Alaska 99727
Ph: (907) 494-2171
Fax: (907) 494-2192

Dear Applicant:

**** DEADLINE IS JUNE 30 & NOVEMBER 30 ****

In order to complete your Higher Education application, it is required that you submit the following with your application.

Complete the Buckland IRA scholarship application

Copy of an acceptance letter/Registration/Continuation Letter

- Copy of your high school transcripts, GED, or most recent college transcripts
- Letter of intent, stating your future plans
- Two (2) recommendation letters from teachers, counselors, or anyone who knows you
- Financial Aid Package/Need Sheet, otherwise known as "Budget Forecast", you must complete the top part and be sure to sign at the bottom, then mail the form to the school of your choice. The financial aid officer of the school will complete the cost and other financial source.
- Complete the free application for Federal Students Aid (FAFSA) and mail it to the address provided in the application packet. Please provide a copy of your Student Aid Report (SAR) when you receive a response, it is mandatory to have a copy in your student files.
- Financial Aid Form (FAF) Complete this form only if the college requires it. This form requires a fee, check with the college. Mail it to the address on the application.
- Apply for financial aid instructional scholarship from Financial Aid Officer at the college/school of your choice. Please notify our office of the amount of any awards or loans you will receive for the school year. (NANA, KIC, ARCO, etc.)
- A copy of your Certificate of Indian Blood Card (CIB). If you do not have one, complete the application for a card. Please read the CIB form carefully.
- Complete the Alaska Student Loan application form.
- Have your parents or legal guardian sign the parental consent form if you are under the age 18 attending college within the state of Alaska or if you are under the age 21 attending college outside the state of Alaska.

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GRANT APPLICATION

All information requested is voluntary. However, failure to fully complete all applicable parts may result in delays of processing this application or make impossible to process at all.

Name: _____ Social Security #: _____ - _____ - _____
Last First Middle Maiden

Address: _____ Phone: _____
PO Box City/State Zip

Date of Birth _____ Sex: M / F Marital Status: Single Married Divorced Separated
Number of Dependents: _____ Veteran: Yes No

State Residency _____ Tribal Affiliation: _____ Tribal Enrollment Village _____
Home Agency Address _____

Name and Address of BIA Tribal High School: _____

Type of High School: BIA Private Mission Public Grad/GED

Date attended: _____ Application request: 20__ - 20__

Academic Year: Spring Fall Summer Full-Time Part-Time

The school is on: Semester Basis Quarter Basis

Name and Address of College/University: _____

College Major: _____ Expected Grad. Date: _____

Expected Degree: AA BA BS MA

Other: _____

Year in College: Freshman Sophomore Junior Senior Graduate

I will live: On Campus With Parents Other

Have you ever received a BIA Grant before? Yes No

If yes, what year? _____ # of Semester hours earned? _____

of Quarter hours earned? _____

Statement of Education Purpose: I declare that I will use any funds I receive under the Bureau of Indian Affairs Higher Education Grant Program solely for expenses connected with the attendance at:

Name of Institution: _____

Scholarship(s) which you are applying for:

- 1) Buckland IRA
- 2) NANA/Cominco
- 3) Aqqaluk Trust
- 4) F.R. Ferguson
- 5) KIC
- 6) OTZ
- 7) PELL
- 8) ANICA

I hereby certify that the above information of this form is true to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I requested that any BIA grant awarded might be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcripts to the BIA Higher Education Office at the end of each academic term.

Student Signature: _____ Date: _____

Agency Use Only:

Area/Agency Native Verification Tribal Code Student Status Code Quarter/Semester funded

- Student applied late. Will not be considered for funding.
- Student's application is incomplete and cannot be considered.
- Funds exhausted at institution.

PART 3: STUDENT RESOURCES AND INSTITUTION AWARDS

List all OTHER sources that you will be receiving money from or have applied to for money. If you don't know how much you are getting, put "HAVE APPLIED". Be sure to sign and send form to the college/university.

Starting Date:

Type of Aid:	FALL	Winter	SPRING	SUMMER	TOTAL
AFDC or Welfare					
Alaska Student Loan					
College Scholarship					
College Work Study Program					
National Direct Student Loan					
PELL Grant					
Parent/Spouse Contribution					
SEOG					
Social Security					
Student's Contribution					
Tribal Assistance					
Tuition Exemption					
Veteran's Benefits					
Other (specify)					
Other					

Total Resources \$ _____
 Unmet Need \$ _____

Financial Aid Officer Signature _____ Date: _____
Phone Number _____ Address _____
Quarter System _____ Semester System _____
Student Signature _____

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR CIB

Please list your last name, first name, middle name on top section of the CIB request form. On the next line list other name(s) you are known by such as your maiden name. If your current name does not appear on the ANCSA roll we will request to see some type of identification or if you have submitted a copy of your marriage license.

Next line your date of birth, social security number and current mailing address. Please provide a copy of your birth certificate and social security card. In case of error, documentation will be requested in order to request an amendment of our records.

Please list the name and blood quantum of your biological parent(s) or grandparent(s) who are Alaska Native. Also list their other known name(s), their date of birth, social security number.

The information in CIB is confidential and cannot be released without your written authorization. At the bottom of the CIB request form is an information release section. If you want BIA to provide a copy of your CIB to any persons or organizations you MUST write their names on a blank page. If the CIB is for unemployment or education purpose, place a check in the box and a CIB form will be processed and forwarded to them. If you do not want a copy of your CIB release then leave it blank. BIA will not release any information without your permission.



ANSWERS TO QUESTIONS OFTEN ASKED ABOUT CIB

WHAT IS CIB?

A certificate of Indian Blood (CIB) verifies that you are Alaskan Native and states your blood quantum. In Alaska, the certificate is issued by the Bureau of Indian Affairs (BIA) based on information obtained from Alaska Native Claims Settlement Act (ANCSA) roll. You should keep your original CIB and use it to make additional copies.

WHY DO I NEED A CIB? WHAT ARE THEY FOR?

They are numeral federal programs that require participant be Alaska Native in order to be eligible for their services. A CIB provides documentation that you are Native and states your blood quantum.

I AM AN INDIAN FROM THE LOWER 48. HOW DO I OBTAIN A CIB?