

Craig Tribal Association
P.O. Box 828
Craig, Alaska 99921
Tel: 907-826-3996
Fax: 907-826-3997

CRAIG TRIBAL ASSOCIATION SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Applicant Name: _____
First Middle Initial Last

Date of Birth: ____/____/____

Mailing Address: _____
City State Zip

Physical Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Are you a Craig Tribal Association Tribal Member? ___ Yes ___ No ___ Not sure

Have you received a Craig Tribal Association Scholarship before? ___ Yes ___ No

***If you are a New Applicant you must attach proof of acceptance into College or University**

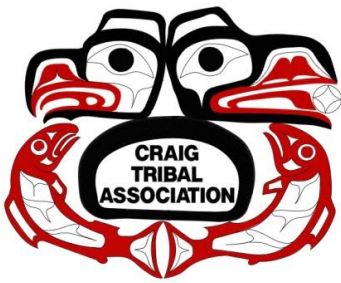
ACADEMIC INFORMATION

College or University: _____ Student ID #: _____

Mailing Address
Of Financial Aid Dept: _____
City State Zip

Do you intend to enroll on a: ___ Quarterly Basis (12 Credits)
___ Semester Basis (12 Credits)
___ Part-Time Basis or Summer Classes (___ If so, how many credits?)

***Applicant must attach proof of class schedule showing full- or part-time status**



Craig Tribal Association
P.O. Box 828
Craig, Alaska 99921
Tel: 907-826-3996
Fax: 907-826-3997

ACADEMIC INFORMATION CONTINUED

Expected Degree: _____ Expected Major: _____

***Applicant must attach Degree Course Requirements for initial Scholarship Application**

I will be attending classes: ___ In Person ___ Online ___ Both in Person and Online

Current GPA: _____ Expected Graduation Year: _____

***Applicant must attach proof of current Grade Point Average**

GENERAL QUESTIONS

What are some of your career goals?

Tell us about your volunteer activities and or community involvement:

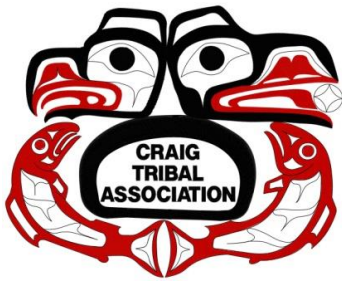
Please check each of the following options that are true and correct:

___ Applicant currently resides in the Constitutional boundary area of the Craig Tribal Association (Within Craig City limits, within 7 miles of the City of Craig, or within an area that does not have Tribal jurisdiction)

___ Applicant graduated from the Craig High School or within the Constitutional boundary area (Within 7 miles of the City of Craig, or within an area that does not have Tribal jurisdiction)

___ Applicant is enrolled in the Craig Tribal Association

___ Applicant has attached 250-word essay outlining his or her educational and professional goals to this application



Craig Tribal Association
P.O. Box 828
Craig, Alaska 99921
Tel: 907-826-3996
Fax: 907-826-3997

GUIDELINES

It is important to remember that funding is limited and students who are enrolled in the Craig Tribal Association and reside in the Constitutional boundaries will receive priority for funding. Due to the limited funding of scholarships available, the funds will be distributed to those students following the point system under the College and or University Scholarship Guidelines. Once the scholarship awards are exhausted, any remaining applicant will be on a “funds available” basis.

Ineligibility:

- a) If a student drops out or does not maintain a 2.0 Grade Point Average, the student shall be ineligible to receive a scholarship for the next enrollment period, unless extenuating circumstances can be demonstrated (e.g., death in the family, serious illness, or other unavoidable serious life event).
- b) If a student drops out and does not return the scholarship funds for that enrollment period to the Craig Tribal Association, the student shall be ineligible to receive any further scholarship aid, provided however, that the student may receive a waiver of this policy, if the student can demonstrate a valid reason to the Craig Tribal Association pursuant to the following procedure:

Appeals of Scholarship Denial to the Craig Tribal Association

The Tribal Council will serve as the scholarship hearing committee and will hear appeals from students who are denied a scholarship grant from the Craig Tribal Association.

- c) Any person who owes the Craig Tribal Association money will not be eligible for scholarships.

CERTIFICATION

I, _____, certify that the above statements filled in this Scholarship Application are true and correct and understand that the information is subject to verification. I have read and understand the Guidelines stated forth in this application. Furthermore, I certify that any funds received under the CTA Scholarship program will be used solely for the expenses related to my attendance at the college or university listed on this application.

Applicant Signature

Date

***If awarded this scholarship, please expect up to 45 days to process the application. You will receive a written notice to your mailing address above verifying approval of application and verification of payment to institution.**

OFFICE USE ONLY

Applicant Approved _____

Applicant Disapproved _____

Date _____

Signed _____

Revised: 3/8/2021