

Hydaburg Cooperative Association



P.O. Box 349
Hydaburg, Alaska 99922
Phone: (907) 285-3666
Fax: (907) 285-3541

COLLEGE OR UNIVERSITY SCHOLARSHIP GUIDELINES

The Hydaburg Cooperative Association awards a college scholarship of up to approximately \$2,500 per award per year for attendance at an accredited college or university, subject to the following guidelines.

- 1) **DEADLINE:** June 30 or October 31
Applications must be postmarked no later than June 30 for 1st semester funding or October 31 for 2nd semester funding, in order to be considered for this scholarship award. Applications postmarked after these dates will be disqualified. No exceptions.
- 2) **WHO QUALIFIES?**
 - a) Hydaburg Cooperative Association members.
 - b) Students who maintain full-time status at an accredited college or university. Full time status is defined as 12 or more credit hours for semester students, or 9 or more credit hours for quarter students.
 - c) Students who have completed his/her most recent term of study with a grade point average (GPA) of 2.0 or better.
- 3) **RENEWAL LIMITS:** Recipients may receive up to six awards toward a Bachelor's degree. Recipients must reapply each year.
- 4) **APPLICATION REQUIREMENTS** – Submit the following:
 - a) The attached application forms completed
 - b) **Official transcripts:** Applicants who have not yet attended college must have official high school transcripts and high school GPA or GED test score submitted to the Hydaburg Cooperative Association by the high school awarding the diploma or the program awarding the Certificate of Completion.
 - c) Documentation of acceptance into the college/university where the applicant intends to enroll.
 - d) Complete and approved Hydaburg Cooperative Association Tribal enrollment form.
 - e) Free Application for Federal Student Aid (FAFSA) results.
 - f) **Recommendations:** Two (2) letters of recommendation from teachers, professors, school administrators or counselors. *Letters of recommendation are not required after the first grant.*
- 5) **Selection Criteria**
 - a) Graduating high school seniors
 - b) Continuing college students who are reapplying
- 6) **Appeals for Non-Award Decisions.** If an applicant is denied a scholarship award and believes the denial was not consistent with the scholarship program guidelines or selection criteria, that applicant may appeal the decision in writing.

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General Information

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City _____ State _____ Zip _____

Residence: _____ City _____ State _____ Zip _____

Home Phone _____ Message Phone _____

Gender () Male () Female Date of Birth _____ Social Security # _____

High School _____ Community _____ Graduation Date _____

GED Score or Cum. GPA _____ SAT or ACT Score _____

Current Class Standing (HS senior, college freshman, etc.) _____

School to be Attending _____ Accredited (yes/no) _____

Financial Aid Office Address _____

City _____ State _____ Zip _____

Financial Aid Office Phone _____

Degree Pursuing _____ Projected Graduation Date _____

.....
Permanent Contact: Please provide the name of an individual that knows how to contact you in the case of an emergency.

Name _____ Relationship _____ Phone _____
.....

Marital Status Single () Married () Divorced () Widowed () Other ()

Ethnic Group AK Native () American Indian () Other ()

Tribal Enrollment Number _____ Village/Region _____

Citizenship US Citizenship () Other ()

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature

Date

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Privacy Rights of Parents and Student

The Buckley Amendment of the Family Educational Rights and Privacy Act of 1974 (FERPA) regulates student education records. Students have the right to review their educational files, have copies of materials, and seek correction of information. Records of students 19 of age or older shall be shown only to the student. Exceptions include parents who substantiate in writing and with a copy of their most recent income tax records that the student is a dependent, in which case the parent may review the student's educational record. Students may submit written consent to a have a parent review their records.

Financial aid information will be coordinated and shared with the Financial Aid Officer of the institution the student is attending. The student's file will be handled by the Higher Education Program Director, the HCA Administrative Assistant, and the office clerk. All student records will be kept in a locked file cabinet when not being accessed by staff. In appeal, the files will be made available to the Tribal Administrator, the President of the HCA Tribal Council, and the HCA Tribal Council on a need-to-know basis.

Applicant Signature

Date

Privacy Rights of Students

I hereby give my consent to the Hydaburg Cooperative Association to use my name in articles or published information regarding my status as a student and as a recipient of their scholarship award. I also give consent to the HCA staff to contact the Financial Aid Officer at the university or college where I am currently enrolled to discuss my higher education file and the necessary paperwork to complete my file.

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Student Agreement

The following statements are part of an agreement between the participant and the Hydaburg Cooperative Association Higher Education Program, which must be read, understood, and considered to be agreed upon when signed. All participants in this program are requested to make this agreement.

- 1) I agree and understand that the Hydaburg Cooperative Association is a supplemental program and that I will need to apply for other financial aid. I will have my FAF reports sent to HCA Higher Education Program for my needs analysis.
- 2) I agree to attend the school indicated, follow all the rules, maintain attendance requirements, meet the minimum requirement of maintaining at least a 2.0 GPA, and maintain full-time status.
- 3) I agree to complete and return my monthly evaluation forms in a timely manner.
- 4) I agree to authorize my school to release my transcripts at the end of each term to the HCA Higher Education Program for my files and review.
- 5) The authority for solicitation of this Privacy Act information is 25 USC 13 (42 STAT 208) and 84-959 (70 STAT 986) as amended by PL 88-230 (77 STAT 471, 25 USC 309). The disclosure of the requested information by the applicant is voluntary, but required to obtain benefits. The failure to provide requested information may result in delay or denial of assistance.
- 6) I agree that if I do not follow these guidelines, my funding may be terminated and I will be required to repay any monies given to me for my training.
- 7) I agree that grants I receive for my education may be taxable; only tuition, fees, books, supplies, and equipment are non-taxable. I will be responsible for the taxes that may be required.
- 8) I agree upon completion of my training, I will seek employment opportunities related to my training, and I will notify the HCA of the results in writing.

I understand and have agreed to follow the above statement as specified.

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Student Medical and Dental Agreement

Students who are leaving the State of Alaska for school will have their medical and dental care provided by:

Alaska Native Medical Center
Contract Health Care
Attn: Medical/Dental
255 Gambell
Anchorage, AK 99501
Phone (907) 257-1517

In order to receive medical and dental care while you are at school and out of the State, you will need to do the following:

Contact your school and ask them to send a letter to Contract Health to let them know how long you will be away from Alaska as a student. This should be updated each term or when there is a change in your school status.

You must send a copy of your Tribal enrollment card to Contract Health.

When you need medical attention while you are a student, you must contact Contract Health within 72 hours of your emergency. They are the ones who will work with you. **IMPORTANT:** Contract Health cannot help you if you do not register with them and it will delay your assistance if you register **AFTER** a medical problem.

I have read the above information and understand that the Hydaburg Cooperative Association IS NOT responsible for any medical or dental expenses.

Applicant Signature

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Essay Requirement

Written Request for Tribal Services

On a separate sheet of paper, please write a one-page essay explaining why you should be selected to receive the Hydaburg Cooperative Association's Higher Education Program Award.

Please answer the following questions in your essay:

- 1) What are your long-term goals?
- 2) What college or university do you plan to attend next term as a full time student?
- 3) What certificate or degree are you trying to earn?
- 4) Do you have any special needs that need to be considered? Please list them.
- 5) What makes you the best choice for this program?
- 6) Have you read and do you understand the student agreements?