Aleutian Pribilof Island Community Development Association (APICDA) Haginaa Kidul (*Helping to Grow*) Scholarship Program Vocational Training Scholarship Application Instructions



Thank you for your interest in APICDA's scholarship program. APICDA, a Western Alaska Community Development Quota (CDQ) organization, is committed to leveraging our natural and human resources for positive community and regional impact through the management of CDQ quota and prudent investments. Working closely with its board and staff, APICDA reinvests proceeds in its member communities through public infrastructure development, community wellness, cultural awareness initiatives and a portfolio of regional education and training opportunities.

APICDA recognizes the interconnectedness of students, families and communities within the Aleutian and Pribilof region. We believe that expanding access to education and training offerings beyond CDQ member communities will help increase opportunities for networking, collaboration and information sharing, and in turn will help grow and strengthen our regional economy.

This program provides vocational training scholarships to students from the APICDA CDQ communities of Akutan, Atka, False Pass, Nelson Lagoon, Nikolski and St. George and includes communities from the Aleutian Region, Adak, Cold Bay, King Cove, Sand Point and Unalaska. Students who are pursuing vocational training/school are eligible to apply for this program.

Eligibility Criteria

- 1. Must be 18 years of age or older
- 2. Be a full-time permanent resident of an APICDA CDQ community; Akutan, Atka, False Pass, Nelson Lagoon, Nikolski, St. George or from an Aleutian Region community of Adak, Cold Bay, King Cove, Sand Point or Unalaska for a minimum of 12 consecutive months and demonstrate intent to remain a resident indefinitely
- 3. Registered or planning to attend a vocational institution or vocational training program
- 4. Minimum 2.0 GPA
- 5. Demonstrate financial need
- 6. Applicant must intend to return to their home community or Aleutian/Pribilof region for employment after training

Notification of Award

Students will be notified via email if they are selected for an award.

Page 1 of 2

Original: April 2020

Revised: May 2020

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Complete Application Packet Checklist

Each applicant must submit a complete application packet with the following documentation no later than thirty (30) days prior to the start of the training program. Applications that are incomplete or submitted late will not be accepted. There will be no exceptions to this deadline.

☐ Completed application form				
Personal s	statement (minimum 500 words) that includes the following information:			
1.	Your training and employment goals and describe how the training will			
2	support your employment goals Why you wish to attend the vocational training program you've selected			
	Potential employment opportunities in your community after completing			
	your training			
4.	Contributions you will make to communities in the Aleutian/Pribilof Region after completing your training			
	educational institution, proof of enrollment in training program)			
or employer,	rs of recommendation – One from a present or former educational faculty member and one from a faculty member, present or former employer, or an individual who ell and is not a relative (e.g. priest, doctor, or elder in the community).			
☐ <u>Proof of r</u>	esidency - Acceptable documents may be one of the following:			
	1. Most recent high school transcript			
	2. Current Alaska PFD records			
	3. Current electric/fuel bill receipt or other proof of maintaining your permanent residence in the A/P Region			
	4. Most recent employer or unemployment records (i.e. W-2, check stub, statement)			
☐ Other sup	porting documentation (e.g. certificates, licenses, articles, awards or other materials			
concerning ho	onors and community engagement activities or volunteering)			
	your completed application via email to education@apicda.com , via fax to 1, or mail to: APICDA, Attn: T&E Dept., 717 K Street, Anchorage, AK 99501			

Page 2 of 2

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1. Personal Information					
Applicant Name:					
Social Security No.:	ocial Security No.: Date of Birth:				
Permanent Address:					
City:	State:	Zip Code:			
Phone Number:	Email:				
How may we contact you during training?					
Select the community you are a current reside	ent of: □ Adak □	l Akutan □ Atka □ C	old Bay □ False Pass		
☐ King Cove ☐ Nelson Lagoon ☐ N	ikolski 🗆 Sand Po	oint □ St. George □ U	Jnalaska		
Have you received an APICDA Scholarship i	n the past? □ Yes [□ No			
If yes, which scholarship and when?	•				
Did you complete the program for which the s How did you hear about this scholarship?	scholarship was grant	ed? □ Yes □ No			
2. Previous Education Information Name of Institution		aded Graduated (Date)	Program of Study		
3. Vocational Training Institution Inform Name of the institution you plan to enter: Address City:					
Name of Program:					
Program Start Date:		Program End Date:			
4. Please list any previous training and/or	· certificates				
5. Employment History (begin with most recent) Employer Dates of Employment		Brief Job Description			
6. Is this training necessary for your curr Please explain:	ent employment?	□ Yes □ No			
7. Have you requested financial assistance Please explain:					

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8. Financial I	nformation		
	Funding Source	<u>Amount</u>	Amount Granted
Employer			
Financial Aid			
Other			
Other			
9. Student Bu	dget Statement		
	<u>Program Costs</u> <u>Amount Requesting</u>		
Tuition:			
Fees:			
Books:		TOTAL SCHOOL COST:	
Supplies:		TOTAL FINANCIAL AID:	
License Fees:		TOTAL BALANCE NEEDED	
Room/Meals:			
Transportation:			
TOTAL:			
Haginaa Kidul (vocational train	OF EDUCATION PURPOSE: I declare that Helping to Grow) Vocational Training Scholarsing program/institution.	ship solely for expense connected v	vith attendance at my
transcript from	PROGRESS REPORT RELEASE AUTHO		e release of my bilof Island Community
transcript from .	Name of Vocational Training Institutio		onor isiana community
	ssociation (APICDA) for the purpose of determination is true, correct, and control is true, correct, and correc		attest that the
	Print Name	Student ID #	
	Signature	Date	
	ASE AGREEMENT: I hereby give APICDA ion, social media post, and/or website.	the right to use my name, picture, p	oortrait, or photograph
	Signature	Date	

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