



KEF PROFESSIONAL & PERSONAL DEVELOPMENT AND CULTURAL LEARNING SCHOLARSHIP APPLICATION

Professional Development: Funding is intended for non-degree seeking applicants looking to enhance their employability skills, improve professional performance and complete continuing education requirements for licensure and certifications. This may include study programs, conferences or trainings, workshops and webinars.

Personal Development: Funding is intended to support enhancing personal life skills in and out of the workplace such as time management, project management, conflict resolution or home finance courses.

Cultural Learning: Funding is intended to support costs associated with completing or teaching courses that enhance and/or sustain knowledge and skills related to Alaska Native cultures such as language courses, heritage/cultural camps, beading, sewing, carving, fish cutting or other culturally focused workshops.



Helpful hints for scholarship submission:

- ✓ Confirm application deadlines by visiting our website at <http://kuskokwim.com/KEF> or contacting us at (907) 243-2944 or toll-free in Alaska at 1-800-478-4275.
- ✓ Applicants are encouraged to email application and materials electronically to kef@kuskokwim.com
- ✓ If mailing via the postal service, we recommend sending materials certified mail. Mail to KEF, 4300 B Street, Suite 405, Anchorage, AK 99503. Materials may also be submitted via fax to (907) 243-2984.
- ✓ Applicants are encouraged to apply for additional scholarships, check the website for additional resources.
- ✓ Communicate regularly with KEF.

Deadline: 2 weeks prior to start date

Application Requirements:

- Application - Complete
- Written Statement – Page 4
 - Budget Forecast – Page 4
- Copy of enrollment verification/acceptance letter
 - Report of Course (written) – Page 6



KEF Scholarship Application

I am a continuing applicant yes no

PERSONAL INFORMATION

Applicant Name _____ Date of Birth ___/___/___

Male Female Maiden Name (if applicable) _____

Mailing address: _____
City State Zip

Telephone: _____ Email address: _____

Are you a TKC Shareholder? yes no Social Security Number: _____

CLASS/COURSE INFORMATION

Please list all post-secondary schools or training previously attended (optional):

Name of school and location	Dates attended	Credits or Classes Completed	Grade Point Average	Degree or certificates received

Name and Address of the Course/Workshop
 You Plan to Attend

Admission/Registration Status:

Applied Accepted

Start Date: _____

Finish Date: _____

Please list area of training/certification (e.g. Nursing CE, leadership certification):



What category of scholarship are you seeking?

- Professional Development Course Personal Development Course
 Cultural Learning

IV. SHORT ANSWER QUESTIONS

Please describe how this course, certificate or workshop will help you achieve your goals or career plan (attach additional sheets if necessary).

STUDENT BUDGET ESTIMATE

EXPENSES		RESOURCES	
Tuition/Registration		EFC (estimated family contribution)	
Fees		Work Study	
Personal		Student Loans	
Book/Supplies		Institutional Scholarships	
Transportation		Tribal Scholarships	
Child care		Other	
Other			
TOTAL		TOTAL	

FINANCIAL NEED (Total expenses less total resources) \$_____

Professional & Personal Development and Cultural Learning Scholarship funds up to \$1,000.00 per academic year



MEDIA AUTHORIZATION & ELIGIBILITY/AUTHORIZATION FORM

Media Authorization Agreement

I, the undersigned, do hereby grant KEF, TKC and their respective agents and assigns, the right and permission to use and/or publish my name, photographs, voices and video images for any and all purposes. This right and permission extends to uses in all forms of media including, but not limited to, television, radio, newsletters, print publications, advertisements and other print media, internet, web site, and social media of all forms, and all forms of video and audio presentations.

I hereby waive any and all right to inspect or approve the finished product or text that may be used in connection therewith, or the use to which it may be applied.

I forever release, discharge, and agree to hold KEF and their affiliates, officers, directors, employees, agents and assigns harmless from any liability by virtue of any use covered by this authorization and release.

Furthermore, I understand that no monetary compensation will be provided for the use of such materials.

Eligibility/Release Authorization Agreement

I hereby attest that all information that I have provided and which is contained in this application is true, correct and complete.

I understand that this application does not commit the Kuskokwim Educational Foundation to award an educational scholarship or pay any costs incurred in the submission of this application. I also understand that the action of KEF is final.

I hereby authorize the release of any information, or portion of this application, as is necessary to assist me in obtaining financial assistance, which may include TKC or its subsidiary companies.

I understand that official paper transcripts must be received, in order, to complete the application package. I further understand that electronic versions of transcripts are not acceptable.

I understand that my application must be complete and received on or prior to the deadline to be considered.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND WILL ABIDE BY THE CONDITIONS OF THE AWARD, IF APPROVED.

Signature _____ Date _____



COURSE COMPLETION REPORT (due 4 weeks post course)

Please describe how this course benefited you