## **477 Occupational Training**

Dear Student,				
Congratulations on your de you complete your applicat		your educati	ion! Here is a che	ck list to help
☐ Education Essay				
☐ Official Transcripts (High S	School or College)			
$\square$ Copy of Diploma or G.E.D				
☐ Copy of Placement Test Sc	ores			
$\hfill\Box$ Letter of Acceptance from	Educational Institut	ion		
$\square$ Proof that you filed for FA	FSA If accepted by E	ducational Ins	titution ( <u>www.fafs</u>	a.ed.gov)
☐ Budget forecast from Finan	ncial Aid office of the	e Educational l	Institution	
Please don't hesitate to call th			-3368 if you have	any questions.
PERSONAL AND INSTITU	TIONAL INFORMA	ATION		
NAME:			<u>-</u>	
First	Middle		Last	(Maiden)
Student Address:				
Street		City	State	Zip
<b>Educational Institution Att</b>				
	(College, Un	iversity, Techni	ical School)	
Address:				
Street		City	State	Zip
Name of Financial Aid Cont	tact:			
Financial Aid Contact Infor	mation: Phone:			
FAX:	Email:			
Program Attending:				
Forecast Beginning Date: _		E	nding Date:	
Expected Graduation Date:	r			

EDUCATION ESSAY- Please explain your educational goals.					

## FINANCIAL AID INFORMATION

List all resources you have applied for to attend schoo
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Agency	Date Applied	Amount
Agency	Date Applied	Amount
Agency	Date Applied	Amount
Agency	Date Applied	Amount

## **BUDGET FORCAST**

Expenses	Amount	Resources	Amount
Tuition		Student Contribution	
Fees		Employment while	
		in school	
Room Rent		Parental	
		Contribution	
Meals Board		Sealaska Heritage	
		Institute	
Local Transportation		Scholarship:	
Books		Scholarship:	
Supplies		Alaska Student Loan	
Total Expenses		Total Resources	

Total req	uest from th	e Yakutat Tling	git Tribe:	
I Utai I Eq	uest ii oiii tii	t ranutat riing	31t 111DC	

Please <u>only fill in your name</u> on the "Receipt of Check form" and return with the rest of this application. In the event the scholarships you receive are more than your tuition costs, the balance will be forwarded directly to you to cover other living expenses. The Financial Aid Officer at your school to fill out the form and forward any balance to you. This form will be mailed to you by your attending University. When received, please sign, date and return to YTT.

## **Repayment Agreement**

l,, agree	to be responsible to repay back the amount
that has been paid by the Yakutat Tlingit Tribe on m	
emergencies are accepted) after the refund period i	s over with the following school:
Name of School	
Name of School	
Applicant Signature	Date
Statement of Educat	ional Purpose
I request that any Yakutat Tlingit Tribe grant (YTT) a	warded to me be mailed to me in care of
the Financial Aid Office of the Institution. I will prov	ide a copy of grades or transcripts to the
·	., -
YTT Higher Education Office at the end of each acad	emic term. I declare that I will use any
funds I receive under the YTT Higher Educati	on Grant Program for expenses
connected with attendance at:	
Name of School	
Name of School	
Applicant Signature	Date