

2024 BBEDC College Development Fund – High School

High School Application Process

APPLICATION CHECKLIST:

- BBEDC Affidavit of Residency Form attached or currently on file with BBEDC. (Located on the homepage under Quick Links at www.bbedc.com)
 - (1) Copy of your government issued photo ID (Examples: AK Drivers License/ID card, Military or Tribal ID card)
 - (2) Additional required documentation as stated on form
- BBEDC Relationship Disclosure Form
- BBEDC College Development Fund Application
- Complete budget information
- Copy of transcripts either most recent High School Transcript or College Transcripts
- Release of Information Form
- Essay or letter including:
 - (1) Your education and employment goals
 - (2) How this course relates to your goals
 - (3) How taking this course will benefit you
- Justification letter for use of out-of-state institution, *if applicable*
- Incomplete program justification letter, *if applicable*

APPLICATION SUGGESTIONS:

- Remember only complete applications will be considered
 - Do not leave any blanks on the application - address every section
 - It is your responsibility to make sure your application is complete
- Type your letter of interest and, when possible, the application as well
- Double-check your financial budget sheet, this information must be accurate
 - Make sure your math is correct

**APPLICATIONS MUST BE SIGNED AND COMPLETE NO LESS THAN
THREE FULL BUSINESS DAYS PRIOR TO THE STARTING DATE OF THE CLASS
LATE APPLICATIONS WILL BE DENIED FUNDING**

Note: Applicants in default in any BBEDC programs are no longer eligible to participate in additional BBEDC programs or services until fully compliant.

2024 COLLEGE DEVELOPMENT FUND HS APPLICATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business/Cell Phone: _____

Student ID #: _____ Student Email: _____

High School Enrolled In: _____ HS Cumulative GPA: _____

College Enrolled In: _____ College Credits Earned: _____ Cumulative GPA: _____

How did you learn about this program?

Liaison Website BBEDC Program Other Describe Other
Staff Directory

Why did you apply for this program and how will it assist you?

Educational History:

Name:	Location: (city/state)	Major course or Subject:	Dates Attended:	Graduated Date:
High School:			From: To:	
College: (list all attended)				
Other Training/Education:				

Budget:

Description	Amount
Tuition	\$ _____
Books	\$ _____
Fees	\$ _____
TOTAL	\$ _____

Enrollment Information:

Course	Credit Hours	Class Start Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Personal Contribution	\$ _____	

AMOUNT REQUESTED FROM BBEDC \$ _____ Not to exceed \$1,500.00

Advisor Signature*

Date

**If unable to provide advisors signature please provide copy of current term's account balance*

2024 COLLEGE DEVELOPMENT FUND HS APPLICATION

Authorization for Release of Information

I hereby authorize the release of any and all information needed by the Bristol Bay Economic Development Corporation contained in city councils, villages, state, federal, private or educational agencies records to the organization listed below:

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION
EDUCATION, EMPLOYMENT & TRAINING PROGRAMS
PO BOX 1464
DILLINGHAM, ALASKA 99576**

This information is to be used for the verification of eligibility for _____
(Applicant's Name)

This authority shall continue in effect for two years or until this student is no longer enrolled in BBEDC's Education, Employment or Training Program.

In addition:

I hereby authorize BBEDC and the awarding organization to publicize my name, institution, type of training, how long it was, and village of residency to further encourage people of the Bristol Bay region to seek higher educational and training opportunities. I authorize the same organization to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Education, Employment & Training Program.

By signing this application, I warrant that all information submitted is true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBEDC as a result of the information provided.

NOTE: All information submitted in and with this application is confidential and will only be used as a tool for consideration of applicant's request for funding by BBEDC.

Applicant Signature

Date

Social Security Number: _____ **Date of Birth:** _____

I represent that I am the parent/guardian of the above named person who is _____ years old and I concur and consent to the Authorization for Release of Information.

Parent/Guardians Name: _____

Address: _____

Telephone: _____

Relationship: _____

Signature: _____

PO Box 1464 ♦ Dillingham, AK 99576 ♦ Phone: (907) 842-4370 or (800) 478-4370
Fax: (907) 842-4336 or (888) 325-4336 ♦ Website: www.bbcdc.com