

# 2026 BBEDC College Development Fund – High School

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## 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](http://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.***

# 2026 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	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

## Enrollment Information:

Course (#/Name)	Credit Hours	Class Start Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Personal Contribution \$ _____</b>		

**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*

# 2026 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