



CENTRAL COUNCIL  
*Tlingit and Haida Indian Tribes of Alaska*

Higher Education Services  
3239 Hospital Drive - Juneau, Alaska 99801  
907.463.7375 phone • 888.965.9102 fax • 800.344.1432 toll

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## Alumni Scholarship Assistance Program

APPLICATION PERIOD – July 1 through September 15

(Documents received outside the application period will not be accepted and returned to the applicant—no exceptions.)

The *Alumni Scholarship Assistance Program (ASAP)* is a supplementary scholarship available to enrolled members who are currently attending (or plan to attend) an accredited college or university in the pursuit of an education degree program. This is a one-time, per academic-year award. The *ASAP* is open to all enrolled Tlingit or Haida Tribal citizens regardless of service area, community affiliation, origination, residence, tribal compact or signatory status.

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For award consideration, please submit the following documents to the address listed above:

1. ASAP APPLICATION: Completed application.

**ATTENTION: CURRENTLY FUNDED COLLEGE STUDENT ASSISTANCE STUDENTS**

You need only submit attached application and the cover letter (#4.)

2. Letter of Acceptance/Admission (LOA): Copy of LOA **must** verify full-time enrollment and your declared degree program. (Minimum credit enrollment requirements are twelve (12) for undergraduates, and nine (9) for graduates and above.)
  3. TRANSCRIPTS: official copy of your last set of transcripts (high school or college) or GED scores, whichever is most recent, indicating a cumulative 2.50 GPA for high school students and undergraduates and 3.50 for graduates.
  4. COVER LETTER indicating:
    - a) financial need,
    - b) list of academic, professional and/or personal activities, and
    - c) statement of personal goals.
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The amount of *ASAP* award is dependent upon funds raised throughout the year.

Notification of award status: October 15.

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Contacts:

Christina Vazquez  
Education Clerk  
cvazquez@ccthita.org  
907.463.7329

Leslie Isturis  
Education Specialist  
listuris@ccthita.org  
907.463.7133





## FAMILY OF ORIGIN

WHICH SOUTHEAST ALASKA COMMUNITY DO YOU/YOUR **FAMILY ORIGINATE** FROM?

Angoon	Craig	Douglas	Haines	Hoonah	Hydaburg	Juneau
Kake	Kasaan	Ketchikan	Klawock	Klukwan	Metlakatla	Pelican
Petersburg	Saxman	Sitka	Skagway	Tenakee	Wrangell	Yakutat

APPLICANT FIRST NAME		LAST NAME		
Maiden Name		Central Council Enrollment #		
Place of Residence		Tlingit	Haida	Quantum
Place of Birth		Date of Birth		
Native Corporation				

MOTHER FIRST NAME		LAST NAME		
Maiden Name		Central Council Enrollment #		
Place of Residence		Tlingit	Haida	Quantum
Place of Birth		Date of Birth		
Native Corporation				

FATHER FIRST NAME		LAST NAME		
Native Corporation		Central Council Enrollment #		
Place of Residence		Tlingit	Haida	Quantum
Place of Birth		Date of Birth		

By signing this form, I verify that I am not applying for or plan to apply for higher education scholarship assistance from any other federally-funded or BIA higher education office. If I do, I understand that my application and/or file may be closed for ineligibility based on receipt of funds from another federally recognized and federally funded tribal entity (**not including** Native corporation grants such as Sealaska, Huna Totem, etc.)

Legal Signature of Applicant

Date

CERTIFICATION (for office use only)	
<input type="checkbox"/> Eligible: Enrollment # _____	Note(s)/Origination _____
<input type="checkbox"/> Not Enrolled but Eligible	_____
<input type="checkbox"/> Ineligible	_____
_____ Enrollment Office Signature	_____ Date



**Central Council  
Tlingit & Haida Indian Tribes of Alaska**  
 Finance Department  
 9097 Glacier Hwy  
 Juneau, Alaska 99801  
 Fax: 1-888-922-2520 Email: financerequests@ccthita.org

**Request for Vendor Setup**

(This form is used in lieu of the W9 form published by the Internal Revenue service)  
**All required forms must be completed and signed before payment is issued**

**New      Update**

<b>Legal Name</b> (as shown on your tax return)	<b>Social Security Number</b>
<b>Business Name</b> (if different from above)	<b>EIN</b> (for businesses)
<b>Mailing Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____	<b>Telephone Number:</b> (____) _____ <b>Email Address:</b> _____

**VENDOR TYPE**

Non Taxable		1099 Vendor (Taxable)	
<input checked="" type="checkbox"/> Client	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Landlord	<input type="checkbox"/> Daycare Provider
<input type="checkbox"/> Employee	<input type="checkbox"/> Corporation	<input type="checkbox"/> Attorney	<input type="checkbox"/> Medical Provider
<input type="checkbox"/> Council Delegate	<input type="checkbox"/> Government	<input type="checkbox"/> Sole Proprietor/Partnership	
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Other (specify)	

**Certification:**

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
- 3) I am a US person (including a US Resident alien)

Certification instructions: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Penalties**

**Failure to furnish TIN:** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding:** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

**Criminal penalty for falsifying information:** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs:** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Department Certification:	Date