



CENTRAL COUNCIL  
*Tlingit and Haida Indian Tribes of Alaska*  
Higher Education Program  
3239 Hospital Drive • Juneau, Alaska 99801

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## College Student Assistance

The Central Council's College Student Assistance (CSA) program provides financial aid to enrolled Tlingit or Haida citizens within the Compact Service Agreement area who are attending, or plan to attend, an accredited college or university in the pursuit of an Associate degree or higher. We fund full and part-time attendees; the minimum part-time attendance is 6 credit-hours per term. Provisions are also available for students with a documented disability. Contact this office for further information.

Recognizing that the CSA program is supplemental in nature, tribal citizens are encouraged to take advantage of all other financial aid programs to assist with college costs. Contact your Financial Aid Office or go online to [www.fafsa.gov](http://www.fafsa.gov) to complete the Free Application for Federal Student Aid (FAFSA), Financial Aid Form (FAF), or look into [www.federalstudentaid.ed.gov](http://www.federalstudentaid.ed.gov) to learn about available resources.

## Eligibility

Funding is based on a Compact Service Agreement between tribes in Southeast Alaska. Members who reside in, originate from and/or are enrolled with one of the following communities: **Haines, Juneau, Kasaan, Pelican, Saxman, Tenakee and Wrangell** are eligible to apply. Individuals who originate from a Compact Service area but live outside of Southeast Alaska are also eligible to apply but are funded on a "funds available" basis.

Tribal members enrolled or eligible to receive services from IRA Councils or Associations within any of the following communities will be referred to that community for higher education services: Angoon (Angoon Community Association), Craig (Craig Community Association), Douglas (Douglas Indian Association), Hoonah (Hoonah Indian Association), Hydaburg (Hydaburg Cooperative Association), Kake (Organized Village of Kake), Ketchikan (Ketchikan Indian Corporation), Klukwan (Chilkat Indian Village), Metlakatla (Metlakatla Indian Community), Petersburg (Petersburg Indian Association), Sitka (Sitka Tribe of Alaska), Skagway (Skagway Traditional Council) or Yakutat (Yakutat Tlingit Tribe). If you are unsure about your enrollment, please call this office for assistance.

**APPLICATION DEADLINE:** Received or post-marked on or before **May 15th** annually. Applications are accepted after this date but are processed onto a wait-list should funding become available.

## Processing

Application submission must contain the following documents to be considered for award:

- Completed CSA application.
- Completed Family of Origin Information form.
- Completed Finance Office Vendor Setup form.
- Letter of Admission (LOA) from your school indicating the degree program you have been accepted into.
- Official high school transcripts, GED scores, OR college transcripts showing an overall GPA of 2.0 or better.

Applicants are processed based on a point system (below), date of application is deemed complete and unmet financial need. An accumulation of 5-50 points is applied based on the following criteria:

- 30 points for students currently residing in a Central Council's Compact Service area.
- 15 points for graduation from a high school within Central Council's Compact Service area.
- 5 points for applicants who can trace their origin to one of the Central Council's Compact Service area.

For questions, please contact Higher Education at 1.800.344.1432, 907.463.7329, [depthied@ccthita-nsn.gov](mailto:depthied@ccthita-nsn.gov).



## FAMILY OF ORIGIN

If this form is **NOT COMPLETE**, you **WILL NOT** be considered for award.

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

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

<b>APPLICANT FIRST NAME</b>	<b>LAST NAME</b>		
Maiden Name	Central Council Enrollment #		
Place of Residence	Tlingit	Haida	Quantum
Place of Birth	Date of Birth		
Native Corporation			
<b>MOTHER FIRST NAME</b>	<b>LAST NAME</b>		
Maiden Name	Central Council Enrollment #		
Place of Residence	Tlingit	Haida	Quantum
Place of Birth	Date of Birth		
Native Corporation			
<b>FATHER FIRST NAME</b>	<b>LAST NAME</b>		
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)	
___ Eligible: Enrollment # _____	Note(s)/Origination _____
___ Not Enrolled but Eligible	_____
___ Ineligible	_____
_____ Enrollment Office Signature	_____ Date



### 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 complete and signed before payment is issued**

<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Update</b>		
<b>Legal Name (as shown on your tax return)</b>		<b>Social Security Number or EIN</b>
<b>Business Name (if different from above)</b>		<b>EIN (for businesses)</b>
<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 type="checkbox"/> Corporation	<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 a 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 :