Kawerak, Inc.

Community Planning Department (CPD)

P.O. Box 948 • Nome, AK • 99762 Telephone: (907) 443-4366 • Fax: (907) 443-4449 • Toll Free 1-877-219-2599 www.kawerak.org • Applications available online

TUITION ASSISTANCE PROGRAM APPLICATION

DESCRIPTION OF PROGRAM

Tuition Assistance Program for Bering Strait residents focusing on classes that assist applicants with a business idea.

ELIGIBILITY CRITERIA

- 1) Reside in the Bering Straits Region.
- 2) Class must be in connection with a business idea.
- 3) Must be 18 years of age or older.
- 4) Must not have any outstanding courses through Kawerak's Tuition Assistance Program that have not been satisfactorily passed (C or better or "passed" for pass/fail class).
- 5) May not take more than 3 credits per calendar year.
- 6) Class must be offered by UAF College of Rural Alaska.

ITEMS TO SUBMIT WITH APPLICATION

- 1) Copy of completed and stamped UAF registration form.
- 2) Signed copy of Release of Academic Authorization Form

APPLICANT INFORMATION	
Today's date://	Are you 18 or older?
Name:	
(First) (Middle) Address:	(Last)
(P.O. Box)	(City) (State) (Zip Code)
Home Phone: ()	Work/Alternate phone: ()
Fax: ()	E-Mail Address:
COURSE INFORMATION	
Course number: Course title:	Instructor:
Tuition costs: \$ Book costs: \$	Other fees: \$ Total: \$
BUSINESS IDEA	
State how this class will help you with your busin	ess idea:

By signing below I state that I have reviewed the eligibility criteria and I am eligible for Kawerak's Tuition Assistance Program. All information I have provided is true and I understand it is now the property of Kawerak and will be kept confidential.

Signature: _____ Date: ___/___/

FOR OFFICE USE ONLY
Date Rec.://
Date Ent.://
Initials:
Approved: yesno