



Central Council Tlingit and Haida Indian Tribes of Alaska  
**COLLEGE STUDENT ASSISTANCE (CSA) APPLICATION**  
Higher Education • 3239 Hospital Drive • Juneau, Alaska 99801

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## COLLEGE STUDENT ASSISTANCE

The *College Student Assistance (CSA)* program provides financial aid to tribally enrolled citizens within Central Council of Tlingit and Haida Indian Tribes of Alaska's (Tlingit & Haida) *Compact Service* area who are attending or plan to attend an accredited college or university in the pursuit of an Associate's degree or higher. CSA funds full and part-time students (minimum part-time attendance is six credit-hours per term). Provisions are also available for students with a documented disability.

### ELIGIBILITY

CSA funding level is based on a *Compact Service Agreement* between Tlingit & Haida and Southeast Alaska IRA tribes. Tribal citizens who reside in, originate from, and/or are enrolled with one of the following communities are eligible to apply: **Haines, Juneau, Kasaan, Pelican, Saxman, Tenakee, and Wrangell**. Individuals who originate from a Compact Service area, but live outside of Southeast Alaska are also eligible to apply; however, funding is awarded on a "funds available" basis.

Tribal citizens who reside in, originate from, and/or are enrolled with one of the following communities must apply for CSA funding through their local IRA tribe: Angoon, Craig, Douglas, Hoonah, Hydaburg, Kake, Ketchikan, Klukwan, Metlakatla, Petersburg, Sitka, Skagway, or Yakutat.

### APPLICATION CHECKLIST

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

- Completed CSA application.
- Completed *Family of Origin* form.
- Completed *Tlingit & Haida Vendor Setup* form.
- Completed *Tlingit & Haida Media Consent* form
- Letter of Admission (LOA)* from college/university attending indicating degree program.
- Official high school transcripts, GED scores, OR college transcripts indicating an overall GPA of 2.0 or better (on a four point scale).

### PROCESSING

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

1. 30 points for students currently residing in Tlingit & Haida's Compact Service area.
2. 15 points for graduation from a high school within Tlingit & Haida's Compact Service area.
3. 5 points for applicants who can trace their origin to Tlingit & Haida's Compact Service area.

Due to CSA funds being supplemental in nature, tribal citizens are encouraged to apply for additional financial aid to assist with college expenses. For more information on other financial aid resources, please contact your Financial Aid office, visit [www.fafsa.gov](http://www.fafsa.gov) to complete the *Free Application for Federal Student Aid (FAFSA)*, *Financial Aid Form (FAF)*, or visit [www.federalstudentaid.ed.gov](http://www.federalstudentaid.ed.gov).

If you have questions or need assistance with the CSA application, contact the Higher Education program at 1.800.344.1432 ext. 7329, [highereducation@ccthita-nsn.gov](mailto:highereducation@ccthita-nsn.gov), or via fax at 1.888.965.9102.

## COLLEGE STUDENT ASSISTANCE APPLICATION

First & Last Name		Social Security #	
Email Address (Provided by Your School)	Email Address (Personal)	Tlingit & Haida Enrollment #	
Place of Residence		Home Phone #	
Mailing Address (Permanent)		Cell or MSG Phone #	
Mailing Address (While Attending School)		Marital Status	Married      Single Separated      Divorced      Widowed
Place of Birth	Date of Birth	Sex	# of Dependents
		M      F	
High School Name & City/State Graduated or GED Facility & City/State Earned		Month/Year Graduated HS or Earned GED	
College Name	Student College ID #	Is this distance education/Internet training? Yes      No	
Financial Aid Office Address		Financial Aid Officer's Name	
College Term Type	Full-Time      Part-Time Quarters      Tri/Semester      Block	Financial Aid Office Phone #	
Expected Degree	Associate      Baccalaureate      Masters M.D.      Juris Doctorate      Ph.D.	Class Standing	Freshman      Sophomore      Junior Senior      Graduate
Expected Major		Expected Graduation Date	

<b>RESOURCES FOR COLLEGE</b> <i>(Indicate "applied" if award amount is unknown)</i>		<b>COLLEGE EXPENSES</b> <i>For the Academic Year (9 Months)</i>	
College Scholarship	\$	Tuition	\$
College Loan	\$	Fees	\$
Federal Aid (PELL)	\$	Books	\$
Federal Aid (TANF/VA/Soc Sec)	\$	Supplies	\$
Federal Loan	\$	Room	\$
Native Corporate Scholarship	\$	Board	\$
Native Council Scholarship ( <b>Not</b> T&H)	\$	Transportation	\$
Native/Private Scholarship	\$	Child Care (# of Dependents)	\$
Parent Contribution	\$	Personal Expenses	\$
Student Contribution	\$	Other:	\$
Tuition Exemption	\$	Other:	\$
Other (List any other funds available):	\$	<b>Total Expenses</b>	<b>\$</b>
<b>Total Resources</b>	<b>\$</b>	<i>Minus Total Resources</i>	\$
		<b>= UNMET NEED</b>	<b>\$</b>

<p style="text-align: center;"><b>PERMANENT CONTACT</b></p> <p>Provide the following information on an individual who does not live with you, but who knows how to contact you if you move.</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Email: _____</p> <p>Phone #: _____</p> <p>Relationship to Applicant: _____</p>	<p style="text-align: center;"><b>AUTHORIZATION FOR RELEASE OF INFORMATION</b></p> <p>I hereby authorize release of any and all information for financial aid and education purposes from State, Federal, and private agency records to Tlingit &amp; Haida's College Student Assistance (CSA) program.      Yes      No</p> <p style="text-align: center;"><b>CERTIFICATION</b></p> <p>I certify to the best of my knowledge that the information on this application is accurate and true. I understand that the information is subject to verification. I further certify that any funds received under the CSA program will be used solely for expenses related to my attendance at the college listed on this application.</p> <p>_____</p> <p>Legal Signature of Applicant      Date</p>
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## FAMILY OF ORIGIN

*Please Note: This form must be completed in order to be considered for an award.*

Which Southeast Alaska Community Do You/Your Family Originate From? Please Check Community:

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

Applicant's First Name	Applicant's Last Name	Applicant's Maiden Name
Place of Residence		T&H Enrollment #
Place of Birth	Date of Birth	Tlingit Quantum: _____ Haida Quantum: _____
Native Corporation		
Mother's First Name	Mother's Last Name	Mother's Maiden Name
Place of Residence		T&H Enrollment #
Place of Birth	Date of Birth	Tlingit Quantum: _____ Haida Quantum: _____
Native Corporation		
Father's First Name	Father's Last Name	T&H Enrollment #
Place of Residence		Tlingit Quantum: _____ Haida Quantum: _____
Place of Birth	Date of Birth	
Native Corporation		

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

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date



Central Council Tlingit and Haida Indian Tribes of Alaska  
**REQUEST FOR VENDOR SETUP FORM**  
 Finance • 9097 Glacier Highway • Juneau, Alaska 99801  
 Fax: 1.888.922.2520 • Email: financerequests@ccthita-nsn.gov

### Request for Vendor Setup

(This form is used in lieu of the W9 form published by the Internal Revenue Service)  
**All required fields 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 than above)	<b>EIN</b> (for business)
<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)
Client Employee Council Delegate Other (Specify) _____	Landlord Attorney Sole Proprietor/Partnership Other (Specify) _____
Non-Profit Corporation Government	Daycare Provider Medical Provider

**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 citizen (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	
Debarment Certification:	Date:



Central Council Tlingit and Haida Indian Tribes of Alaska  
**MEDIA CONSENT FORM & RELEASE FORM**  
 Higher Education • 3239 Hospital Drive • Juneau, Alaska 99801  
 Fax: 1.888.922.2520 • Email: [financerequests@ccthita-nsn.gov](mailto:financerequests@ccthita-nsn.gov)

### Media Consent and Release Form

Throughout the school year, the Central Council of Tlingit and Haida Indian Tribes of Alaska (Tlingit & Haida) Higher Education students may be highlighted in efforts to promote educational activities and achievements. For example, students may be featured in materials to increase public awareness of our Higher Education program through the Tribe’s quarterly newsletter, Tribal Updates, newspapers, radio, TV, the web (website and social media), displays, brochures, and other types of media.

I, \_\_\_\_\_, hereby consent to participation in interviews, the use of quotes and the taking of photographs and/or recording of audio and videos of me on behalf of Tlingit & Haida. I also grant Tlingit & Haida the right to edit, use, and reuse my picture, portrait, and/or recordings in print, online, social media and all other forms of media without limitation as to time.

- a) This is with the understanding that neither Tlingit & Haida nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my participation.
- b) I further release and relieve Tlingit & Haida, its officers, employees, and other representatives from any liabilities, known or unknown, arising out of or in connection with the use of said photographs or audio/video recordings, including but not limited to, any claims for invasion of privacy or defamation.

I certify that I have read the Media Consent and Release form and fully understand its terms and conditions. This Media Consent and Release form will remain in effect until I revoke it in writing.

First and Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime or Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date