INSTRUCTIONS:
This application is enterable and may be completed on your computer by clicking on the fields to complete them. A blank form may also be printed and typed or neatly hand written.
- Incomplete applications will not be considered.
- If any question does not apply to you in this application please write N/A in the space.
- Type or print legibly in pen. No pencil.
- If you have any questions about the application, please call the UAS School of Career Education department at 907-796-6120

APPLICATION PROCESS:
Applicant must submit the following items:
1. Completed application form with student signature. If handwritten, please print legibly in ink
2. Register for intended UAS course
3. Hand deliver, mail, or email your application to:
   
   **JUNEAU students**
   UAS Career Education
   Technical Education Center
   1415 Harbor Way
   Juneau, AK 99801
   (907) 796-6120 phone
   Email: career.ed@uas.alaska.edu

   **SITKA students**
   UAS Student Success Center
   Attn.: Scholarship Committee
   1132 Seward Avenue
   Sitka, AK 99835
   (907) 747-7717 phone
   Email: sitka.scc@uas.alaska.edu
UAS / First Bank Workforce Development Scholarship Application

First & Last Name: _______________________________   UA Student ID#: ______________

Mailing Address:  Street: _______________________________________________________________

                              City: _______________________________    State: ___________   Zip Code: __________

Last School Attended: _____________________________________________________________

Last Grade Completed: ___________    GPA: _____________

UAS Campus Enrolling: ☐ Juneau Campus    ☐ Sitka Campus

Intended UAS Course: _____________________________________________________________

Semester Enrolling UAS: __________________

This scholarship is provided to support Low- and Moderate-Income students as defined by the Federal government only. To prove that you qualify, you need to either:

1). Check the box next to any assistance program from which you are already receiving aid:

☐ Alaska Head Start     ☐ Alaska School Breakfast & Lunch Program
☐ Alaska Medicaid       ☐ Alaska Denali Kid Care
☐ Alaska Heating Assistance Program
☐ Alaska Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
☐ Alaska Summer Food Service     ☐ Alaska Temporary Assistance Program
☐ Alaska Weatherization Assistance Program
☐ Other (describe):

--- OR ---

2). Compete and submit the Personal Financial Disclosure statement (optional page 3 of this application)
Please answer the following short essay questions:

Briefly describe how this scholarship will help you meet your educational and career goals:

Tell us anything else that you would like the scholarship selection committees to consider when evaluating you as a scholarship candidate. This could include things like your financial situation, your family background, honors and awards you have received, challenges you face or have overcome, personal accomplishments, or anything else you believe is relevant.

Student Consent:

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I authorize the University of Alaska Southeast to release my academic and financial aid information to the scholarship selection committee and other third parties for the purpose of scholarship consideration. I authorize the University of Alaska Southeast to publish information about me and the name and amount of the scholarship if I am awarded a scholarship based on this application. I also give permission to use my thank you letter and picture if awarded a scholarship on the website, and to share with alumni and donors by various means.

Student Applicant:

Printed Name: __________________________________________________________
___________________________________________________________________________________

Signature               D a t e
If you are not currently receiving services from any of the qualifying assistance programs listed on page 1, then please and submit the following with your application:

**Personal Financial Disclosure Statement**

The income verification worksheet below will help self-identify total gross income for purposes of this application.

**Household income is the gross amount (before any taxes or deductions) of wages and salaries, overtime pay, commissions, tips, bonuses, and other compensation of all adults of the household, as well as the gross amount of all unearned income from all members of the household.**

<table>
<thead>
<tr>
<th>Type of gross income</th>
<th>Amount</th>
<th>Corresponding line on Form 1040</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Wages, salaries, tips, etc.</td>
<td>$</td>
<td>7</td>
</tr>
<tr>
<td>2  Taxable interest</td>
<td>$</td>
<td>8a</td>
</tr>
<tr>
<td>3  Ordinary dividends</td>
<td>$</td>
<td>9a</td>
</tr>
<tr>
<td>4  Taxable refunds, credits, or offsets of state and local income taxes</td>
<td>$</td>
<td>10</td>
</tr>
<tr>
<td>5  Alimony received</td>
<td>$</td>
<td>11</td>
</tr>
<tr>
<td>6  IRA distributions - Taxable amount</td>
<td>$</td>
<td>15b</td>
</tr>
<tr>
<td>7  Pensions and annuities - Taxable amount</td>
<td>$</td>
<td>16b</td>
</tr>
<tr>
<td>8  Rental real estate, royalties, partnerships, S corporation, trusts, etc.</td>
<td>$</td>
<td>17</td>
</tr>
<tr>
<td>9  Unemployment compensation</td>
<td>$</td>
<td>19</td>
</tr>
<tr>
<td>10 Social security benefits - Taxable amount</td>
<td>$</td>
<td>16b</td>
</tr>
<tr>
<td>Enter combined other income total. List type and amounts below.</td>
<td>$</td>
<td>21</td>
</tr>
<tr>
<td>11a</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Combine the amounts in the column for lines 1 through 11. This is your annual income for purposes of this scholarship application.

I certify that the information I have provided on this application is true and correct to the best of my knowledge. If requested I will provide documentation to substantiate the information submitted in this application. I authorize the Financial Aid Office to release my academic information to the Scholarship Committee and other third parties for the purpose of scholarship consideration. I give permission for the University of Alaska Southeast or the UA Foundation to release information about myself and the name and amount of the scholarship if I am awarded a scholarship based on this application.

Signature (required): ___________________________________________ Date: ___________________