

Choggiung Educational Endowment Foundation

P.O. Box 330
Dillingham, Alaska 99576
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Career/Work Enhancement Scholarship Application

SCHOLARSHIP INFORMATION

The purpose for this scholarship is to provide assistance to Shareholders who wish to enhance their employability. Enhancement can be for the purpose of gaining knowledge or skills to get a job, change jobs or for enhancing skills in a current job.

Eligible individuals include any Choggiung Ltd. Shareholder who is at least 18 years of age or a high school or GED graduate. Scholarships shall not exceed the amount necessary for tuition or registration fees for a particular class, workshop, or event. Applicants may apply more than one time per year, however, in no case will an applicant be awarded more than \$500 per year in Enhancement scholarships. The scholarship shall be paid directly to the organization or institute.

In order to be eligible, Applicants must:

- provide a completed scholarship application including: summary of cost of the event (See Financial section) and employer reference(s) if appropriate (See Reference section),
- provide a statement/letter of interest that includes applicant's intentions and information that demonstrates that the class, workshop, training event or activity will enhance their employability or career goals
- written proof of admission or access to the class, workshop, training event or activity.

Selection of successful applicants will be made according to the criteria established by the Choggiung Educational Endowment Foundation Board of Directors including the criteria listed above as well as past scholarship history, work history, references and recommendations, financial need and conclusions as to the applicant's motivation, character, ability, potential, goals and expectations. Note that the criteria are not listed in order of priority or emphasis.

There is a limited amount of funding available for Enhancement Scholarships. Scholarships will be awarded until the fund is depleted for each fiscal year (Oct. 1 to Sept. 30). At that point, no further applications will be accepted for that fiscal year.

GENERAL INFORMATION

Applicant Name: _____ Social Security No. _____

Address: _____

Telephone: _____ Email: _____ Birthdate: _____

Are you related to any of Choggiung Board of Directors?: Yes / No If yes, name of director(s) and relation? _____

TRAINING/EDUCATIONAL PLANS

Name of class or event that you plan to attend: _____

Name of host or educational institute: _____

Address of host or educational institute: _____

Expected Dates of Attendance: _____ Location of Class or Event: _____

Title of Degree/Certificate anticipated: _____

CAREER/EMPLOYMENT INFORMATION

Current Employer: _____

Address/Phone: _____

Dates of Employment: _____ Job Title: _____

Name of Supervisor: _____

Duties: _____

(may attach job description if desired)

EDUCATIONAL HISTORY

High School

Name/Address: _____

Dates of attendance: _____ Date of graduation: _____ or date of GED _____

Post Secondary

Name/Address of Institution: _____

Dates of Attendance: _____ Graduated: ____ Yes ____ No

Field of Study: _____

Title of Degree/Certificate received: _____

Financial

Tuition/Registration fees		(Allowable CEEF Scholarship category)
Books/Supplies/Equip		(Allowable CEEF Scholarship category)
Other expenses (list):		
Daycare		(Student Responsibility)
Transportation		(Student Responsibility)
		(Student Responsibility)
Total	\$	

Scholarships/Grants/Loans applied for (whether received or not): _____ _____ _____	What assistance will your employer provide? (i.e. paid leave to attend class, tuition assistance, reimbursement of expenses after class completion, etc.) _____ _____ _____
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Will your attendance at the class or event hinge on receipt of a CEEF Scholarship?
 _____ Yes _____ No

References

Employer reference may be provided
 If currently employed or if employment is pending the completion of the event applied for in this application, provide the following information. Your employer or supervisor may provide a statement to support the need for the class or activity and how it will enhance your employability, knowledge or skills. Use this section or attach a letter.

Supervisor/Employer Signature Date

Signature & Date

I certify that the information provided is accurate to the best of my knowledge and understand that providing false or misleading information may result in the rejection of this or future applications. My signature also provides permission to Choggiung Limited d.b.a. Choggiung Educational Endowment Foundation to contact references, employers, co-workers, students and/or staff of educational institutes listed on my application concerning myself.

 Signature Date

- Attach:**
- a. Applicant Statement/Letter of Need
 - b. Proof of Acceptance