

Choggiung Educational Endowment Foundation

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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: _____

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.) _____

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**