

PO Box 1090
Nome, Alaska 99762

Phone (907) 443-2246
Fax (907) 443-3539



TRIBAL SERVICES
Summercise Scholarship Application
COVERSHEET

Nome Eskimo Community offers two levels of Summercise Scholarships for NEC Members:

- **Child Care Development Fund (CCDF) – Summercise Scholarship (70-90% paid – reg. fees)**
- **NEC Tribal Member - Summercise Scholarship (50% paid – reg. fees)**

How to register your child for Summercise?

- The registration form and brochure will be mailed out
- Registration forms can be turned in to the CAMP Dept. June 3-4th
- Parent(s)/Guardian(s) pay the co-pay part of Summercise registration to NEC upon completion of scholarship application
- Parents will receive an award notification from NEC regarding the amount of your child(s) scholarship
- NEC will notify CAMP of the scholarship amount awarded

If you have questions/concerns regarding Summercise please contact:

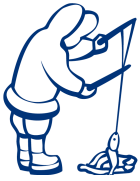
Rahnna Parker, CAMP Director
Norton Sound Health Corporation
PO Box 966
Nome, AK 99762
907-443-3480
Fax: 907-443-4571

Kelly Keyes, CAMP Diabetes Nutritionist
Norton Sound Health Corporation
PO Box 966
Nome, AK 99762
907-443-4583
Fax: 907-443-4571

If you have questions/concerns regarding the NEC Summercise Scholarship please contact:

Lena Iyatunguk, Tribal Services Intake Coordinator
liyatunguk@gci.net
Nome Eskimo Community
PO Box 1090
Nome, AK 99762
907-443-2246
Fax: 907-443-9144

SUMMERCISE SCHOLARSHIP DEADLINE IS FRIDAY, JUNE 10, 2011 BY 5:00 PM.



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TRIBAL SERVICES

**Summercise Scholarship Application
 (Check Only One – CCDF or General)**

☐ Child Care Development Fund (CCDF) - Summercise Scholarship

Eligibility Criteria:

The applicant must be able to check all areas to be eligible for the scholarship for Low-Income families:

- Child is enrolled as a Nome Eskimo Community (NEC) tribal member, or in the process of becoming a member. (Please attach NEC Enrollment Verification or proof of application)
- Child is 12 years old or younger at the time of Summercise registration
- Parent(s) must be working or enrolled in an educational program (20 hrs or more/week)
- Family income is at or below monthly income limits (See below)
- Submit last (2) pay stubs (if applicable) and other income related receipts (child support, etc)**

INCOME CHART	
Family Size	85 % Monthly Gross Income (Before Taxes)
2	\$3,687.64
3	\$4,555.32
4	\$5,423.00
5	\$6,290.68
6	\$7,158.36
7	\$7,321.05
8	\$7,483.74

HOW INCOME LIMITS USED TO DETERMINE ELIGIBILITY

- ALL Applicants will receive an automatic deduction for fuel, energy, and basic living expenses, at 25% of total income
 - AND -
- After the deduction has been made, NEC will determine eligibility using 85% of the remainder of the applicants Gross Monthly Income (see income chart)
 - AND -

➤ Parents will pay a 10%, 20%, or 30% co-pay of the total cost of the Summercise registration fees based on a sliding fees scale.

☐ NEC Tribal Member - Summercise Scholarship (50% paid - registration fees)

Eligibility Criteria:

The applicant must be able to check all areas to be eligible:

- Child is enrolled as a Nome Eskimo Community (NEC) tribal member, or in the process of becoming a member. (Please attach NEC Enrollment Verification or proof of application)
- Submit last (2) pay stubs and other income related receipts (child support, etc)**

SUMMERCISE SCHOLARSHIP DEADLINE IS FRIDAY, JUNE 10, 2011 BY 5:00 PM.

Date of Application: _____

(3 spaces available for more than one child)

Child's Name: _____ Tribe Enrollment Number: _____

Birth date: _____ Age: _____ Grade: _____ Race: _____

Child's Name: _____ Tribe Enrollment Number: _____

Birth date: _____ Age: _____ Grade: _____ Race: _____

Child's Name: _____ Tribe Enrollment Number: _____

Birth date: _____ Age: _____ Grade: _____ Race: _____

Family Status: Married 2 Parent Family 1 Parent Family Under 21

Total Number in household (including applicant): _____

Mother: _____ **Father:** _____

PO Box: _____ PO Box: _____

Home Telephone: _____ Home Telephone: _____

Work Telephone: _____ Work Telephone: _____

Cell Phone: _____ Cell Phone: _____

Mother's Employer: _____

Gross Monthly Income: _____ Hours Worked Per/WK: _____

OR Job Training/Educational Program: _____

Hours Per/WK: _____

Father's Employer: _____

Gross Monthly Income: _____ Hours Worked Per/WK: _____

OR Job Training/Educational Program: _____

Hours Per/WK: _____

Household Information

List all people currently living permanently in the home:

Full Legal Name	Relationship	Birth Date	Monthly Income	Work/School Schedule

All information is confidential. By signing below you understand that NEC will not pay for the full cost of your child's Summercise registration fees. NEC staff will notify you of the amount you are responsible for.

Signature of Parent/Guardian

Date

Youth Services Specialist Signature

Date

Return this application to Nome Eskimo Community, 200 West 5th avenue. Contact Lena Iytunguk at 443-2246 or email liyatunguk@gci.net for more information.

AUTHORIZATION FOR RELEASE OF INFORMATION

CHILD CARE DEVELOPMENT FOUNDATION (CCDF) GUIDELINES

Purpose: To provide financial assistance to eligible tribally enrolled NEC members and their children for childcare purposes in the Nome Service Area.

Goal: To increase the volume of American Indian/Alaskan Native children participating in early childhood development programs.

Eligibility Criteria

- 1) Tribally enrolled member, or a descendant in the process of being enrolled to Nome Eskimo Community.
- 2) Not have sufficient resources to meet basic needs according to the CCDF Payment Standards (income chart located on page 1).
- 3) If recipient *DOES* qualify for ATAP or TANF he/she automatically meets income guidelines for the CCDF Summercise Scholarship.
- 4) Submit last (2) pay stubs (if applicable) and other income related receipts (child support, etc)
- 5) Complete the Records of Income and Resources form below.

RECORD OF INCOME & RESOURCES

All the information requested on this form is for the month you submit this application. It is your responsibility to notify the Tribal Services office of any changes in your case after you submit your application. Any questions should be directed to the Tribal Services staff.

List each household member’s information for earned or unearned income received this month. Blank rows are provided if any household member receives income not listed so the source of income may be listed for the review in this assistance application.

Source of Income	Gross Amount (before taxes)	Net Amount (after taxes)	Payment Schedule	Recipient of Income
Alaska Permanent Fund Dividend				
APA – Adult Public Assistance				
ATAP or TANF				
Bingo or Pull Tab Winnings				
Child Support				
Disability Insurance				
Food Stamps				
IRS Refund				
Medicare/Medicaid				
Pension or Retirement				
Salary, Wages, Earned Income				
Social Security				
State Longevity				
Unemployment Insurance Benefits				
Workers Compensation				
Cash-outs of Retirement or Pension Plan				
TOTAL MONTHLY INCOME				

List each household member's expenses he/she is responsible for paying. Blank rows are provided if any household member has expenses not listed so the information may be listed for the review in this assistance application.

Rent/ Mortgage				
Utilities (electricity, water, sewer, garbage)				
Heating (household fuel, oil)				
Food				
Telephone				
Propane				
Transportation (for work)				
Household cleaning supplies/personal hygiene				
Clothing				
Other (child care)				
Other- (child support)				
Other-				
TOTAL MONTHLY EXPENSE				

List account information and availability of funds; use the back page if more space is needed:
Bring in a copy of your full monthly bank statement

Name of Bank or Financial Institution	Type of Account	Balance Available	Name(s) on Account
	Checking Savings Other		
	Checking Savings Other		

READ BEFORE SIGNING: I (We) apply for financial assistance for services for the listed members of my (our) household who are in need. I (We) have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. **The Federal law concerning fraud states:** "whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both. I (We) agree to supply information regarding resources and income and to notify the agency of any charges in my (our) situation. NEC Tribal Services is authorized to obtain information necessary to establish eligibility for assistance.

Applicants Signature _____ Date _____

Co-Applicants Signature _____ Date _____

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

Printed Name

Social Security Number

Signature

Date

EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant's Job Title: _____

Please Complete and Return to:

NOME ESKIMO COMMUNITY

Tribal Services Program

P.O. Box 1090

Nome, AK 99762

Phone: (907) 443-2246 Fax: (907) 443-9144

Date of Hire: _____ Date of first check: _____ Amount of first check: _____

Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____

Annual Gross Income: _____ Annual Net Income: _____

Monthly Gross Income: _____ Monthly Net Income: _____

Please indicate applicant's employment status:

Temporary – Full-time through (date) _____ Temporary – Part-time through (date) _____

Seasonal through (date) _____ Regular – Full-time _____ Regular – Part-time _____

Other: _____

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes No If yes, give reason. _____

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ _____ Date of Final Pay: _____

Signature of Supervisor or Employer

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my Pre-School scholarship application. I understand that copies of this authorization will be valid for one year after the signature date.

Printed Name _____
Social Security Number

Signature _____
Date

EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Applicant's Job Title: _____

Please Complete and Return to:
NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090
Nome, AK 99762
Phone: (907) 443-2246 Fax: (907) 443-9144

Date of Hire: _____ Date of first check: _____ Amount of first check: _____

Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____

Annual Gross Income: _____ Annual Net Income: _____

Monthly Gross Income: _____ Monthly Net Income: _____

Please indicate applicant's employment status:

- Temporary – Full-time through (date) _____ Temporary – Part-time through (date) _____
- Seasonal through (date) _____ Regular – Full-time Regular – Part-time
- Other: _____

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes No If yes, give reason. _____

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ _____ Date of Final Pay: _____

Signature of Supervisor or Employer _____
Date

PARENT PERMISSION FOR STUDENT PUBLICATION

Activities and events sponsored by Nome Eskimo Community occasionally are photographed or videotaped by staff and students for publication in NEC presentations, websites or the Nome Nugget Newspaper. Please initial the boxes below to indicate the level of publication permission you would like to grant your child. Sign and date and return to NEC as soon as possible.



Video Tape & Photograph Publication

CHECK THE APPROPRIATE BOX/ES:

- Nome Eskimo Community may publish my child’s picture on the internet (example – NEC website)
- Nome Eskimo Community may publish my child’s first name on the Internet
- Nome Eskimo Community may publish my child’s last name on the Internet
- Nome Eskimo Community may publish my child’s picture or video clips for NEC sponsored projects. (Example ~ NEC tribal council meetings, annual meetings)

Child’s Name (first and last)

Signature (Parent/Legal Guardian)

Date