

477 Higher Education and Adult Vocational Education Application

Application Deadlines are

Fall: September 5 Spring: January 5 Summer: June 5

Higher Education and Adult Vocational Education Personal Statement of Education Goals letter MUST contain the following:

- Name of College/University your attending
- Class level
- ➤ Current Program ~ Certificate, Associate, Bachelors, Masters and others
- How many credits you have towards your degree and how many needed to graduate
- When you plan on graduating
- What career are you pursuing after graduation

Adult Vocational Education applicants will also need to fill out the 477 Workforce Development paperwork.



Telephone

Budget Forecast					
Student's Name: SSN: My class will be: Freshman Sophomore Junior Senior Other					
Current Program: Certificate Associate Bachelor Master Other					
I give permission for (school name) to release any					
financial and / or academic information to Copper River Native Association's P.L. 102-477 Plan Program at any					
time I am enrolled with this school.					
Signature: Date:					
Bottom portion to be completed by Financial Aid Office and returned to CRNA My school calendar is based on: Semester Quarter Other:					
Date semester/term begins: Date semester/term ends:					
Student has earned credits to date and plans to take credits this term.					
Student's estimated graduation date is and current major is					
Tuition: Fees: Meal Plan:					
Books: R	toom / Board: Transportation:				
Personal Items: O	ther (specify):TOTAL COST:				
Only fill out this portion for the current semester/Quarter to be covered					
Student Resources	Fall	Winter	Spring	Summer	Total
	ran	Willter	Spring	Summer	Total
In-School Scholarship					
PELL Grant					
SEOG					
Ahtna Heritage					
College Work Study					
Other Native Corporation					
Parent/Family Contribution					
Student Contribution					
Veterans / S.S. Benefits					
Student Loans					
Tuition Waiver					
Other (specify)					
Total Cost: \$			•	•	
Total Resources \$					
Unmet Need: \$					
Financial Aid Officer Signature / Printed Name Date					Pate
Address:		City	Sta	ate Z	ip

Email

Fax