



## 2015 BBEDC Student Loan Forgiveness Application

### ELIGIBILITY REQUIREMENTS: (please check off)

BBEDC accepts Student Loan Forgiveness applications from BBEDC/CDQ residents who: permanently resided in a CDQ community prior to obtaining their degree, who have completed a degree program through an accredited university, and whom have returned to a BBEDC community, and have been employed full time in a CDQ community for at least one year.

#### Provide proof of residency in any of the following communities:

Aleknagik	Clarks Point	Dillingham	Egegik
Ekuk	Ekwok	King Salmon	Levelock
Manokotak	Naknek	Pilot Point	Port Heiden
Portage Creek	South Naknek	Togiak	Twin Hills
Ugashik			

#### Complete BBEDC Student Loan Forgiveness application

#### Provide a copy of your college diploma

#### Provide a copy of your official college transcript

#### Provide proof of employment in a BBEDC community

#### Affidavit of Residency Form plus supporting documents

#### BBEDC Relationship Disclosure Form

#### Provide 2 letters of recommendation (letters of recommendation should confirm that you resided in a CDQ community prior to obtaining your degree and that you currently reside in a CDQ community)

##### 1. Professional (school or work related)

##### 2. Personal

#### Submit an essay or letter of interest that includes:

1. Brief personal history
2. Your career/employment goals
3. How your degree has helped you to achieve these goals
4. Why you should be selected for a student loan forgiveness award

#### Release of Information Form

#### Current resume

#### Current copy of your student loan statement

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor's Name/Title: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ How long have you been employed here? \_\_\_\_\_

Community and State of Residency: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

University attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College Degree: \_\_\_\_\_ Associate \_\_\_ Bachelor \_\_\_ Master \_\_\_ Doctorate \_\_\_

Cumulative GPA: \_\_\_\_\_

Where did you reside prior to obtaining your degree? \_\_\_\_\_

For how long? \_\_\_\_\_

Are you a past recipient of the Harvey Samuelson Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes when? \_\_\_\_\_

Are you a past recipient of any of BBEDC's funding programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what program and when? \_\_\_\_\_

**STUDENT LOAN INFORMATION:**

Name of Students Loan/Financial Institution	Interest Rate	Amount
<b>Total</b>		

Are you currently making payments on a student loan? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your monthly payment amount? \_\_\_\_\_

Why did you apply for this program and how will it assist you? \_\_\_\_\_

**References:** Please list at least three references that will be able to verify your employment and residency status. References should be people whom are not related to you.

Name/Title	Contact Information/Phone#

**By signing this page and also your attached letter, you affirm that this is your own original work and understand that if it is not, your application may be rejected and any award granted may be canceled.**

**I, certify that the information herein, financial or otherwise, is correct and any intentional misrepresentation therein will negate my participation now and hereafter in the Student Loan Forgiveness Program administered by the Bristol Bay Economic Development Corporation.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

**BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION**  
**P. O. Box 1464**  
**Dillingham, Alaska 99576**  
**Fax Number 1-888-325-4336 (In state) 907-842-4336 (Out of state)**

This information is to be used for the verification of the eligibility of:

\_\_\_\_\_

This authority shall continue in effect until this student is no longer enrolled in the Student Loan Forgiveness Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize BBEDC to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Student Loan Forgiveness Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_