

SCHOLARSHIP PROGRAM INFORMATION

Purpose:

To provide academic scholarships to eligible North Slope tribal members who are interested in post-secondary health care, social services, or health-related certificate programs.

Award Components:

Scholarship awardees will receive up to \$2,500 per semester or \$5,000 per academic year, based on need. This is a one-time, non-continuing scholarship for the 2019 – 2020 academic year.

Criteria:

1. Applicant must be an enrolled member of a North Slope Tribe.
2. Applicant must have a minimum 2.5 GPA and have earned a high school diploma or GED.
3. Applicant must intend to continue their studies at an accredited post-secondary educational institution.
4. Applicant should demonstrate strong academic performance, leadership within school and community, and intent to contribute to their community.

Application Process:

1. Complete the Guy Okakok, Sr. Scholarship Application.
2. Provide an official high school transcript, or your latest previous school transcript to include the spring 2019 semester.
3. Provide two (2) letters of recommendation.
4. Provide a copy of an Acceptance Letter or Certificate of Admission from an accredited college or training institution.
5. Provide a Need Sheet/Budget Forecast – fill the form out and send it to your school's Financial Aid Office.
6. Provide a North Slope tribal enrollment verification letter form.

Submission and Deadline:

Applicants must complete the initial ASNA Application process by June 30, 2019. Late and/or incomplete applications will not be considered.

Submit complete applications to:

Arctic Slope Native Association info@arcticslope.org
PO Box 1232 Fax: 907.852.2763
Utqiagvik, AK 99723

Questions:

Any questions can be submitted via e-mail to info@arcticslope.org or call 907.852.2762.

APPLICANT INFORMATION

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Mailing Address

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

CURRENT ACADEMIC INFORMATION

I am a: Freshman Sophomore Junior Senior Graduate: Master's or Doctoral

Type: Training College Other _____

I will attend: Full-time Part-time - Credits: _____

I will live: On campus Own home or with parents Off campus

College: Bachelor's Degree Master's/Graduate Degree Doctorate Other _____

Training: Associate of Arts Degree Certificate/Endorsement Other _____

Expected Graduation Date: (or Date of Completion of Training):
 Month/Year: _____

Major: _____ **Minor (if applicable):** _____

Please tell us about more about the institution(s) of post-secondary education you are attending or hope to attend.

1st Choice: Application Submitted: Y / N Confirmed Enrollment Offer: Y / N Offer Accepted: Y / N

Name of Institution	Location	Estimated Annual Tuition Costs	Estimated Room and Board Costs	Books, Fees and Other Costs

2nd Choice: Application Submitted: Y / N Confirmed Enrollment Offer: Y / N Offer Accepted: Y / N

Name of Institution	Location	Estimated Annual Tuition Costs	Estimated Room and Board Costs	Books, Fees and Other Costs



EXTRA-CURRICULAR AND COMMUNITY INVOLVEMENT

Please tell us about your extra-curricular and community experiences as a student in your community.

Name of Activity	Length of Involvement	Leadership Roles or Highlights

ANTICIPATED FINANCIAL SUPPORT

Please tell us about how you plan to finance your future academic endeavors:

Funding Source	Application Submitted	Anticipated Amount	Additional Comments
Personal Savings	NA	\$	
Family Contribution	NA	\$	
AEF Scholarship	Y / N	\$	
BUECI Scholarship	Y / N	\$	
City of Barrow Scholarship	Y / N	\$	
Lions Club Scholarship	Y / N	\$	
Rotary Club of Barrow	Y / N	\$	
UIC Scholarship	Y / N	\$	
<i>Other:</i>	Y / N	\$	
<i>Other:</i>	Y / N	\$	
Personal/Student Loans	Y / N	\$	
Total Anticipated Support		\$	



Guy Okakok, Sr. Leadership Award Health & Social Services

Financial Aid Need Sheet/Budget Forecast

Student: Fill out this top portion only and submit it to your school's Financial Aid Office.

Name _____ Student ID _____

Address _____ Phone _____

I give permission for (university/training institution) _____
to release financial and academic information to Arctic Slope Native Association.

Signature _____ Date _____

Financial Aid Office: Please complete this form and return it to Arctic Slope Native Association. Please fill Expenses portion even if Other Resources information is unavailable.

Budget Forecast	Expenses	Student is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Tuition	\$ _____	School calendar runs on: <input type="checkbox"/> Semesters # of Semesters _____ <input type="checkbox"/> Quarters # of Quarters _____ <input type="checkbox"/> Other:
Fees	\$ _____	
Books	\$ _____	
Room & Board	\$ _____	
Other: (specify)	\$ _____	
_____	\$ _____	Need cannot be determined because: _____
Total Budget	\$ _____	

Other Resources		20____	20____	20____	20____
Type of Aid		Fall	Winter	Spring	Summer
Loans	Institutional				
	Other Scholarships				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veterans Benefits				
	Other (specify)				
	Alaska Student Loan				
Personal	Perkins Loan				
	Guaranteed Student				
	AFDC or Welfare				
	Parent/Spouse				
	Student Contribution				
	Work Study Program				

FAO Name _____	Total Resources: _____
E-mail _____	Unmet Need: _____
Phone _____ Fax _____	
Address _____	
FAO Signature _____	Date _____

FAO: Please fax to 907.852.2763 or e-mail to info@arcticslope.org or mail to Arctic Slope Native Association P.O. Box 1232, Barrow, AK 99723



Guy Okakok, Sr. Leadership Award Health & Social Services

STATEMENT OF CORRECTNESS, UNDERSTANDING, AUTHORIZATION & PRIVACY ACT WAIVER

Read carefully and **initial** each section.

_____ I hereby attest that **all** the information I have provided to ASNA is **true, correct and complete**.

_____ I understand that if I, for any reason, do not attend the school as stated, the **full scholarship is to be returned**.

_____ I understand that **immediately upon completion of each semester/quarter/term**, I shall submit a **copy of my grades to ASNA** to verify completion of the courses of study for the semester during which the award was used and to assess continued eligibility for future scholarships.

_____ I hereby attest that the **courses** I take are **geared toward a degree, certification or endorsement** suitable for obtaining employment in my chosen field.

_____ I certify that I am **NOT** a spouse, ancestor, lineal descendant (by blood or adoption), or the spouse of a lineal descendent of any member of the ASNA Board of Directors.

_____ I hereby authorize the **release of any of the information contained within this application** as necessary to assist me in obtaining additional financial assistance and/or job placement.

Signature

Date

Completed application and required attachments must be received by the deadline date to be considered for the term. Late applications will not be considered. Mail or fax completed application and all required paperwork to:

Arctic Slope Native Association, P.O. Box 1232, Utqiagvik, AK 99723 Fax: 907.852.2763

If you have any questions, please e-mail info@arcticslope.org or call 907.852.2762.

Genealogy for Eligibility Determination

Please fill out to the best of your ability. You may attach a copy of your tribal enrollment card in lieu of completing this form.

			Great-grandfather
		Paternal Grandfather	Great-grandmother
	Father		
		Paternal Grandmother	Great-grandfather
Your Name			Great-grandmother
		Maternal Grandfather	Great-grandfather
			Great-grandmother
	Mother		
		Maternal Grandmother	Great-grandfather
			Great-grandmother

SHORT ESSAY QUESTION

Essay Prompt #1 (250 words): Describe a moment when you became inspired to pursue the health/social work field.

LONG ESSAY QUESTION

Essay Prompt #3 (500 words): What do you see as the most pressing issue related to health care/social work on the Arctic Slope?
