

SCHOLARSHIP PROGRAM INFORMATION

Purpose:

To provide academic scholarships to eligible North Slope tribal members who are interested in pursuing endorsement, certificate, or degree programs in post-secondary health care, social services, business administration, accounting, information systems, human resources management and other related programs.

Up to four scholarship awardees will receive financial support of up to \$2,500 per semester or \$5,000 per academic year, based on financial need. This scholarship is a one-time award for the academic year.

Criteria:

1. Applicant must be an enrolled member of a North Slope Tribe.
2. Applicant must have a minimum cumulative GPA of 2.5 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 a commitment to improving the health and well-being of the people of the Arctic Slope.

Application Process:

1. Complete the Guy Okakok, Sr. Scholarship Application.
2. Provide an official high school or college transcript, including the latest official transcript from student records.
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 copies of the official tribal identification card, North Slope tribal enrollment verification letter form or completed genealogy determination form.

Submission and Deadline:

Applicants must complete the initial ASNA Application process by August 1, 2024. Late and/or incomplete applications will not be considered. Please submit complete applications to:

Arctic Slope Native Association info@arcticslope.org

PO Box 1232 Fax: 907.852.2763

Utqiagvik, AK 99723

Please contact us if you need assistance or have questions.

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 Graduate: Sophomore Master's Junior Doctoral Senior

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

I will live: On campus Off-campus With parents

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 provide more information about the institution(s) of post-secondary institutional education you are attending:

1st Choice: Application Submitted: Y/N Admission Confirmed 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 Admission Confirmed 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 provide information 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. Provide information about your funding sources, application status, and anticipated amounts. Include the following details:

| Funding Source | Application Submitted: Y/N | Anticipated Amount | Additional Comments |
|----------------------------------|----------------------------|--------------------|---------------------|
| Personal Savings | NA | \$ | |
| Family Contribution | NA | \$ | |
| Village corporation scholarship | | \$ | |
| Regional corporation scholarship | | | |
| Local tribal scholarship | | \$ | |
| <i>Other:</i> | | \$ | |
| <i>Other:</i> | | \$ | |
| <i>Other:</i> | | \$ | |
| Personal/Student Loans | | \$ | |
| Total Anticipated Support | | \$ | |



Financial Aid Need Sheet/Budget Forecast

| | | | | |
|---|----------------------|---|------------------------|---|
| Student: Please 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 out the 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: | | |
| Fees | \$ _____ | <input type="checkbox"/> Semesters # of Semesters _____ | | |
| Books | \$ _____ | <input type="checkbox"/> Quarters # of Quarters _____ | | |
| Room & Board | \$ _____ | <input type="checkbox"/> Other: | | |
| Other: (specify) | \$ _____ | Need cannot be determined because: | | |
| _____ | \$ _____ | _____ | | |
| Total Budget | \$ _____ | Student will live: <input type="checkbox"/> On Campus <input type="checkbox"/> Off-campus <input type="checkbox"/> With parents | | |
| Other Resources | 20____ | 20____ | 20____ | 20____ |
| Type of Aid | Fall | Winter | Spring | Summer |
| Loans | Institutional Grants | | | |
| | 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 e-mail or submit this form to: Arctic Slope Native Association P.O. Box 1232, Utqiagvik, AK 99723 Fax 907.852.2763 | | | | |



2024 Guy Okakok, Sr. Leadership Award

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, I 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** ancestor or 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.
- _____ I hereby agree that ASNA may request and that I grant permission for the use of my photos in media for official announcement if and when the recipients have been chosen.

Signature

Date

Initial application must be received by the deadline date to be considered for the term. Late applications will not be considered.

Please submit this application to ASNA via e-mail, mail or fax to the following:

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 ELIBILITY DETERMINATION

If you already have included a copy of your tribal enrollment card, the genealogy eligibility determination form is not required. Please initial here if genealogy determination form is not required. _____

Name of Tribe _____



