

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. Applicants must demonstrate their intent to contribute to the health and well-being of the people of the Arctic Slope.

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, 2025. 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 have any 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 School calendar runs on: <input type="checkbox"/> Semesters # of Semesters ____ <input type="checkbox"/> Quarters # of Quarters ____ <input type="checkbox"/> Other: _____
Tuition	\$ _____	Need cannot be determined because: _____ Student will live: <input type="checkbox"/> On Campus <input type="checkbox"/> Off-campus <input type="checkbox"/> With parents
Fees	\$ _____	
Books	\$ _____	
Room & Board	\$ _____	
Other: (specify)	\$ _____	
_____	\$ _____	
Total Budget	\$ _____	

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, info@arcticslope.org Fax 907.852.2763



2025 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 paid and to assess continued eligibility for the Spring award and 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:

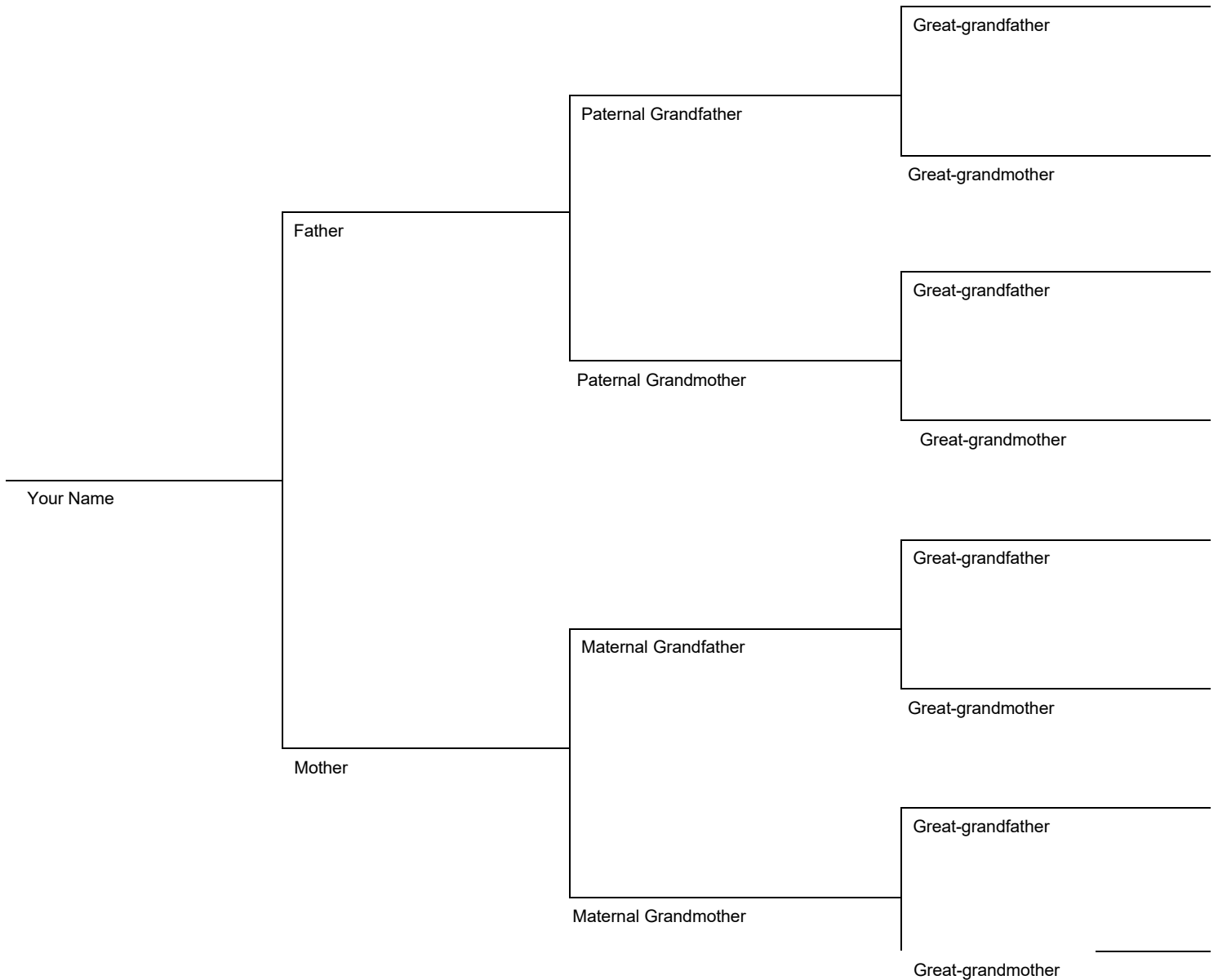
Arctic Slope Native Association
P.O. Box 1232
Utqiagvik, AK 99723 Fax: 907.852.2763

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 to which you are enrolled: _____



SHORT ESSAY QUESTION

Essay Prompt #1 (250 words): Share with us how you intend to contribute to the health and well-being of the people of the Arctic Slope.

LONG ESSAY QUESTION

Essay Prompt #2 (500 words): What do you see as the most pressing issue related to health care/social work on the Arctic Slope?
