

**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, 2026. 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

<b>I am a:</b>	<b>I will attend:</b>	<b>I will live:</b>
<input type="checkbox"/> Freshman	<input type="checkbox"/> Full-time	<input type="checkbox"/> On campus
<input type="checkbox"/> Graduate:	<input type="checkbox"/> Part-time - Credits	<input type="checkbox"/> Off-campus
<input type="checkbox"/> Sophomore <input type="checkbox"/> Master's		<input type="checkbox"/> With parents
<input type="checkbox"/> Junior <input type="checkbox"/> Doctoral		
<input type="checkbox"/> Senior		

<b>College:</b>	<b>Training:</b>	<b>Expected Graduation Date:</b>
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate of Arts Degree	(or Date of Completion of Training):
<input type="checkbox"/> Master's/Graduate Degree	<input type="checkbox"/> Certificate/Endorsement	Month/Year: _____
<input type="checkbox"/> Doctorate	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		

**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





## Financial Aid Need Sheet/Budget Forecast

<b>Student: Please fill out this top portion only and submit it to your school's Financial Aid Office.</b>					
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 _____			
<b>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.</b>					
<b>Budget Forecast</b>		<b>Expenses</b>		Student is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Tuition	\$ _____	School calendar runs on:		<input type="checkbox"/> Semesters # of Semesters _____	
Fees	\$ _____	<input type="checkbox"/> Quarters # of Quarters _____		<input type="checkbox"/> Other:	
Books	\$ _____	Need cannot be determined because:			
Room & Board	\$ _____	_____			
Other: (specify)	\$ _____	Student will live: <input type="checkbox"/> On Campus			
_____	\$ _____	<input type="checkbox"/> Off-campus			
<b>Total Budget</b>	<b>\$ _____</b>	<input type="checkbox"/> With parents			
<b>Other Resources</b>		<b>20____</b>	<b>20____</b>	<b>20____</b>	<b>20____</b>
Type of Aid		Fall	Winter	Spring	Summer
<b>Loans Grants</b>	Institutional Grants				
	Other Scholarships				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veterans Benefits				
	Other (specify)				
	Alaska Student Loan				
	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, <a href="mailto:info@arcticslope.org">info@arcticslope.org</a> Fax 907.852.2763					



**STATEMENT OF CORRECTNESS, UNDERSTANDING, AUTHORIZATION & PRIVACY ACT WAIVER**

Read carefully and **initial** each section.

- \_\_\_\_\_ I certify that all the information I have provided to ASNA is **true, correct and complete.**
- \_\_\_\_\_ I certify that I am **NOT** an ancestral or lineal descendant (by blood or adoption), or the spouse of a lineal descendent of any member of the ASNA Board of Directors.
- \_\_\_\_\_ I certify that the courses I take are **geared toward a degree, certification or endorsement** suitable for obtaining employment in my chosen field.
- \_\_\_\_\_ 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 must submit a **copy of my transcript to ASNA** to verify completion of the courses of study for the semester during which the award was paid and to verify that my cumulative GPA remains at or above 2.5 for the Spring award.
- \_\_\_\_\_ I understand that if my transcript indicates that my cumulative GPA is below 2.5, my Spring award will be revoked.
- \_\_\_\_\_ 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.

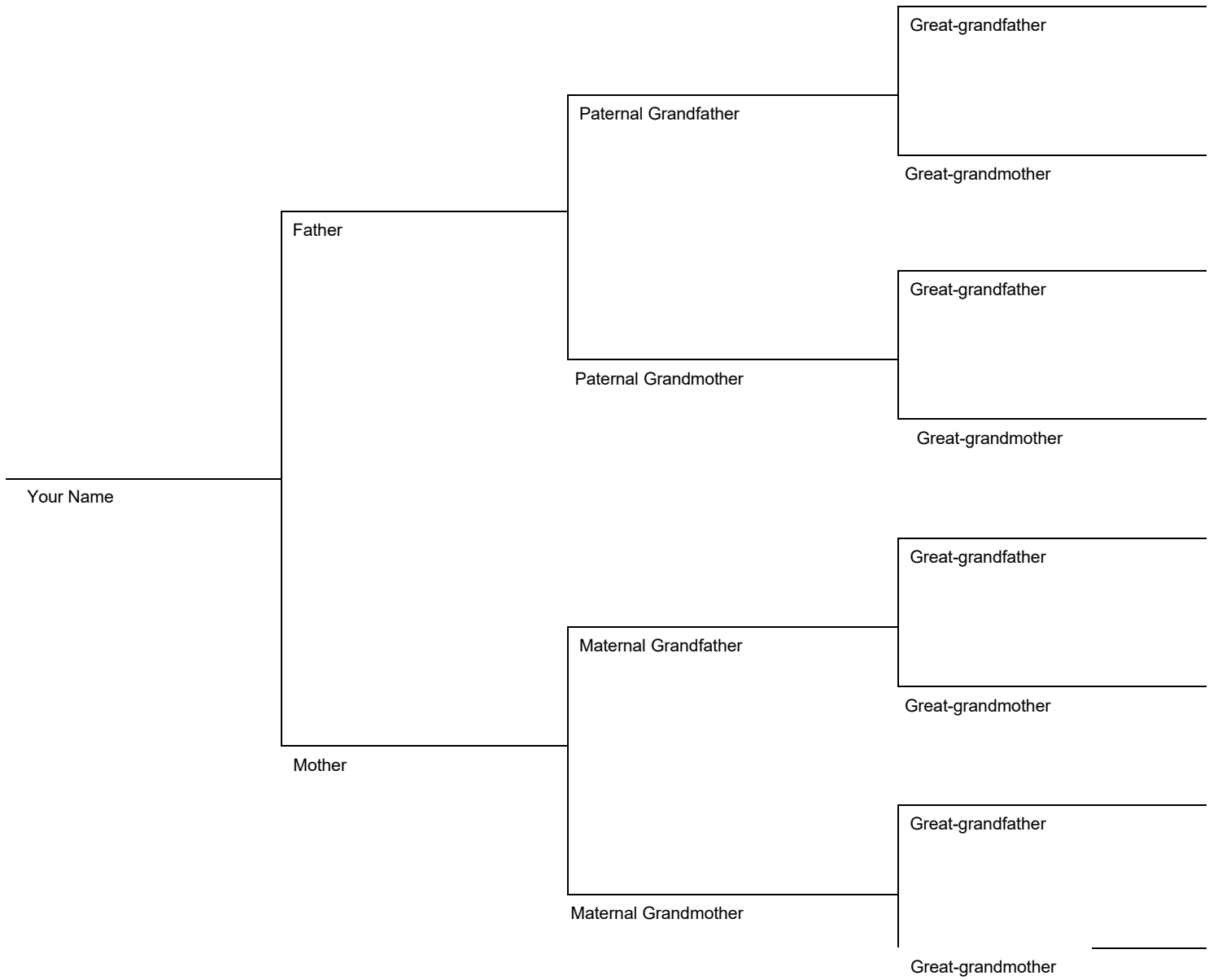
Please submit this application to ASNA via e-mail, mail or fax to the following:

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](mailto:info@arcticslope.org) or call 907.852.2762.

**GENEALOGY FOR ELIBILITY DETERMINATION**

Name of tribe to which you are enrolled: \_\_\_\_\_









# 2026 Guy Okakok, Sr. Leadership Award

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