



Student Name: \_\_\_\_\_

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

#### REQUIRED DOCUMENTS CHECKLIST:

1. Must be an enrolled Agdaagux Tribal member
2. Higher Education Scholarship Grant Application
3. Notification of Acceptance at College
4. College grades/high school official transcripts sent to Agdaagux Tribe
5. Bureau of Indian Affairs Verification of Degree of Indian Blood (CIB)
6. Two letters of recommendation
7. Must be enrolled in at least 10 credits per quarter or 12 credits per semester
8. 2.5 GPA or higher (previous semester/quarter)

\* Everything needs to be turned in by June 15<sup>th</sup> for fall semester/quarter or December 15<sup>th</sup> for spring semester/quarter. It is your responsibility to turn everything in on time. It is your responsibility to keep in contact with the Agdaagux Tribe of King Cove.

Comments:

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**\*Keep this page attached to the application.**

**Please Note:** Applicants are processed based on a point system (below), the date the application is complete, and funds available. Applicants with the most points will receive the highest consideration for funding. An accumulation of 50 points is applied based on the following criteria:

- 30 points for students currently residing in King Cove, Alaska.
- 15 points for graduating from King Cove High School or GED obtained in King Cove.
- 5 points for applicants who are enrolled in the Agdaagux Tribe of King Cove.



# **PERSONAL INFORMATION**

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Male Female  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 \_\_\_\_\_ D.O.B: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Status: Single Married Divorced Separated

List Dependents:

Name	Tribe	Relationship	D.O.B	Grade Completed

Are you a dependent of a deceased or disabled War Veteran? Yes No

Are you a Veteran? Yes No Do you receive Veteran Benefits? Yes No

Name of Father: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name of Mother: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

# **FAMILY FINANCIAL REPORT**

Father's Employer: \_\_\_\_\_ Income: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Income: \_\_\_\_\_

Student's/Spouse's Employer: \_\_\_\_\_ Income: \_\_\_\_\_

Total Annual Income: \_\_\_\_\_ #of children/dependents supported: \_\_\_\_\_

# **EDUCATIONAL INFORMATION**

Highest Grade Completed: \_\_\_\_\_ Grade School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Post Grad: \_\_\_\_\_

Name of last High School: \_\_\_\_\_

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

Graduate? Yes No Date of Graduation: \_\_\_\_\_

High School Equivalency Certificate (GED) State: \_\_\_\_\_ Date: \_\_\_\_\_



## **FINANCIAL INFORMATION**

Personal Estimate:

### **RESOURCES**

	1 <sup>st</sup> QTR/Semester	2 <sup>nd</sup> QTR/Semester	3 <sup>rd</sup> QTR
Savings			
Earnings from School Year			
From Parents			
<b>TOTAL</b>			

List scholarship aids for which you have applied for other than Agdaagux Tribal Councils Higher Education:

Source	Amount Applied for	Amount Received	Date of Award

## **COLLEGE(S) ATTENDED**

Name and Address	Dates	Hours

Name of College/University you plan to enter: \_\_\_\_\_

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

Acceptance for Admission:    Have Applied?    Yes    No         Been Accepted?    Yes    No

Is this school in a Quarter or Semester basis? \_\_\_\_\_

College Classification:    Freshman    Sophomore    Junior    Senior    Grad

Date classes begin: \_\_\_\_\_ Major field of study: \_\_\_\_\_

Degree Seeking: \_\_\_\_\_ (BA, BS or AA)



### **BUDGET STATEMENT**

(If the budget is prepared before or at the beginning of the school year, estimate expenses for the whole school year, or if for one or two quarters or one semester, list expenses accordingly)

Tuition	_____	_____	_____
Fees	_____	_____	_____
Meals	_____	_____	_____
Room	_____	_____	_____
Books and Supplies	_____	_____	_____
Misc. Expense	_____	_____	_____
Transportation	_____	_____	_____
GRAND TOTAL	_____	_____	_____
Total Resources	_____	_____	_____
Total amount	_____	_____	_____
Requested by student	_____	_____	_____

### **PARENT OR GUARDIAN SIGNATURE** (If applicant is under 18)

_____	_____
Signature of Parent or Guardian if under 18	Date
_____	_____
Signature of Applicant	Date



As a participant I have certain responsibilities I must meet in order to remain eligible in the Scholarship Grant Program.

I have primary responsibility to obtain funding for my education. I will need to save money for transportation and miscellaneous costs that may incur before I enroll in college. To be successful I must take care to ensure that I have enough money to meet my expenses.

### **RESPONSIBILITIES**

1. Apply for financial aid from your college and any other sources for which you might be eligible: veterans benefits, Alaska Student Loan Program, private and foundation scholarships and personal and/or family ability to pay.
2. Sign up for a room on campus and pay your deposit early or arrange housing which is suitable to your needs and ability to pay.
3. Check with your financial aid officer about your scholarship grant when you arrive on campus for registration.
4. Send an official copy of your grades or transcripts to this office at the end of each term.
5. Maintain good standing with a 2.5 GPA or higher (previous semester/quarter).
6. Will need to have at least 10 credits per quarter or 12 credits per semester.
7. Notify this office of any change in your address or plans regarding school.
8. Keep in touch. Let us know how you are doing.
9. Talk to your career counselor if you are having academic difficulties. There are usually support groups on campus which you may contact for advice and sharing problems.
10. Work with an academic advisor to develop an academic plan to work for your degree.
11. Reapply for a scholarship grant every year by JUNE 15<sup>th</sup> for the fall semester/quarter and DECEMBER 15<sup>th</sup> for the spring semester/quarter.
12. Notify this office when you graduate - we need to know the major and minor you received. A copy of your degree needs to be sent to our office for your student file.
13. Notify the Alaska Native Medical Center to arrange Health Services while you are away at school.

I have read and understand what my responsibilities will be in the Agdaagux Tribal Council Higher Education Program.

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Applicants Signature

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Date