

## FRANK R. FERGUSON MEMORIAL SCHOLARSHIP PROGRAM

In 1998, the Northwest Arctic Borough Assembly created this scholarship program in recognition of the contributions made by Senator Frank R. Ferguson to honor his long career of public service to the residents of the State of Alaska and the Northwest Arctic Borough.



*Applicants must be residents of the Northwest Arctic Borough at the time of high school graduation or on entry into the scholarship program.*

**E-MAIL COMPLETE APPLICATION TO: [Scholarship@nwabor.org](mailto:Scholarship@nwabor.org) or fax to (907) 442-2930**

**Application Deadlines:** Fall Semester - August 15 Spring Semester - January 15 Summer - April 15  
**Vocational/Technical school: One week prior to class start date.**

**First-time Applicants:** First-time applicants must submit the following information:

- A. UNOFFICIAL TRANSCRIPTS: Copies of unofficial transcripts from high school or accredited equivalent, vocational or technical school, or college or university program. **Student must maintain a 2.0 GPA or higher.** GPA is based on the applicant's latest cumulative grades received.
- B. TWO LETTERS OF RECOMMENDATION.
- C. PROOF OF REGISTRATION: Applicants must be enrolled as students in an academic, vocational, or technical institution and must submit evidence that they have been accepted at the institution. Acceptable evidence includes an acceptance letter and/or class listing, and training description provided by the institution. Additional requirements are as follows:
  1. **College or university program:** Freshmen, sophomores, and juniors with 12 or more credit hours are considered full-time students and with less than 12 credit hours are considered part-time students. Seniors and graduate students with 9 or more credit hours are considered full-time students and with less than 9 credit hours are considered part-time students.
  2. **High school students:** Students who are still in high school must submit evidence that they are enrolled in a course by an accredited academic school as approved by that student's school district.
  3. **Vocational or technical school or institute program:** Students enrolled in a program that is 2 months in length or longer are considered full-time students. Students enrolled in a program that is less than 2 months in length are considered part-time students. Students enrolled in a vocational or technical institution must submit a new application for every new course attended.
- D. BUDGET FORECAST: A completed budget forecast from the school or technical institution which the student is attending. Use the Financial Need Sheet form attached to this application or a print out from the school system.
- E. TWO FORMS OF IDENTIFICATION.

**Previously Awarded Students:** Students who have previously been awarded a scholarship for a semester or quarter based college or university program must submit the following information to further receive awards:

- A. UNOFFICIAL TRANSCRIPTS (as described above)
- B. PROOF OF REGISTRATION (as described above)
- C. BUDGET FORECAST (as described above)

**FRANK R. FERGUSON MEMORIAL  
SCHOLARSHIP APPLICATION**

**GENERAL INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Message: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN#: \_\_\_\_\_

Sex: Male  Female  I am a:  Veteran  Not applicable Degree of Native Blood \_\_\_\_\_

Village enrolled to: \_\_\_\_\_ Native Corp. enrolled to: \_\_\_\_\_

I am:  Single  Single Parent with \_\_\_\_\_ Dependant(s)

Parent with Spouse with \_\_\_\_\_ Dependent(s)  Other, specify: \_\_\_\_\_

Married  Widowed  Separated  Divorced  Independent

**EDUCATIONAL INFORMATION:**

High School	NAME/LOCATION	FIELD OF STUDY	YEARS COMPLETED				DIPLOMA/ DEGREE
			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
College/University							
GED							
Vocational/Technical							

Institution for which applying: \_\_\_\_\_

Financial Aid Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This School is a: Semester: \_\_\_ Trimester: \_\_\_ Quarterly: \_\_\_ Voc/Tech(date beginning to end) \_\_\_\_\_

Have you been accepted for admission? \_\_\_ Yes \_\_\_ No (If not, please notify the office as soon as you have been accepted)

I have earned \_\_\_\_\_ credits to date. I plan to enroll for \_\_\_\_\_ credits this term.

My class rank for the upcoming term will be:

\_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Masters

**FRANK R. FERGUSON MEMORIAL SCHOLARSHIP  
STATEMENT OF CORRECTNESS, UNDERSTANDING AND AUTHORIZATION**

**This section is to be read, signed and dated by all applicants.**

- 1. Application Information.** To the best of my knowledge and belief, I attest that the information contained in this application is true, correct and complete. I understand that this application does not commit the organization to which I am applying to award an educational scholarship or to pay any cost incurred in the submission of this application. I also understand that the action taken by the appropriate approving committee is final.
- 2. Use of Funds.** I understand that the proceeds of the educational scholarship, if approved, will be used to further my education in the certificate or degree program where I am enrolled as approved for this scholarship.
- 3. Unused Awards.** I understand that the full amount or any portion thereof is to be refunded to the organization from which the scholarship was received if, for any reason, I am unable to use the award for which I am selected.
- 4. Certificate of Completion or Grade Transcripts.** I understand that immediately upon completion of the semester, term, or training period, I must submit a copy of my unofficial grade transcripts and certificate(s) of completion to the organization from which the scholarship was received to verify completion of the courses of study during the semester or term for which the award was made.
- 5. Submission of Application.** I understand that it is my responsibility, and not that of the organization, to obtain the necessary application materials from the participating organization to which I am applying and submit the completed application so that it is received in full before the deadline to receive full consideration for a scholarship.
- 6. Confidentiality.** I understand that I must submit in writing my authorization for the participating organization's staff to release any information about me or my application prior to the release of any information to inquiries made by my parents or anyone else.
- 7. Release of Contact Information.** I give the participating organization permission to release my name, address, email, school information and photograph for employment, education, and appropriate publications.
- 8. Acceptance.** If selected as a recipient for a scholarship, I agree to accept that award in good faith.

**I have read and understand the above "Statement of Correctness, Understanding and Authorization" and agree to abide by the terms and conditions of the award, if approved.**

**9. Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FRANK R. FERGUSON MEMORIAL SCHOLARSHIP  
FINANCIAL NEED SHEET**

*(this page may be replaced by a budget sheet from your institution)*

Student Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Student Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Native Corp. to which you are enrolled \_\_\_\_\_

Have you been accepted for admission?  Yes  No (if not, please notify this office as soon as you have been accepted).  
 I have earned \_\_\_\_ credits to date. I plan to enroll for \_\_\_\_ credits this term. My major is \_\_\_\_\_  
 I am  Single  Married  Divorced  Separated  Widow  
 Name of Spouse \_\_\_\_\_ Number & Ages of Dependents \_\_\_\_\_  
 Forecast for term beginning: \_\_\_\_\_ ending: \_\_\_\_\_

**Institution Budget:**

Tuition..... \_\_\_\_\_  Student has not applied for financial aid.  
 Fees..... \_\_\_\_\_ Need cannot be determined.  
 Books..... \_\_\_\_\_  Student applied late and will not be considered.  
 Room..... \_\_\_\_\_  Student's application is incomplete and  
 Board..... \_\_\_\_\_ cannot be considered.  
 Other (specify)..... \_\_\_\_\_  Funds exhausted at institution.  
 TOTAL..... \_\_\_\_\_

I give \_\_\_\_\_ permission to release the information for my financial and academic files to the Northwest Arctic Borough.

\_\_\_\_\_  
 Student Signature Date

**Student resources and Institution awards:**

Starting Date	2018	2018	2018	2019	
TYPE OF AID:	Spring	Summer	Fall	Spring	TOTAL
AFDC or Welfare					
Alaska Student Loan					
College Scholarship					
College Work Study Program					
National Direct Student Loan					
PELL Grant					
Parent/Spouse Contribution					
SEOG					
Social Security					
Student's Contribution					
Tribal Assistance					
Tuition Exemption					
Veterans Benefits					
Other (Specify)					

Total Resources \$ \_\_\_\_\_

\_\_\_\_\_  
**Financial Aid Officer**

Unmet Need: \$ \_\_\_\_\_

\_\_\_\_\_  
**Name of school**