

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.



Application Deadlines:

Fall Semester - August 15 Spring Semester - January 15 Summer - June 1

VOCATIONAL/TECHNICAL SCHOOL: Deadline 1 week prior to class start date.

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

All applicants are required to submit the following information:

- A. OFFICIAL TRANSCRIPTS: Submit grades from high school (if just graduating) or the latest college grades if you are continuing students. **Student must maintain a GPA of 2.0 or better.** The award is based on the GPA received for the latest semester not cumulative. If a student is awarded a scholarship, grades must be received before another award is given.
- B. Three letters of recommendation for first time applicants.
- C. REGISTRATION: Applicants must be enrolled as a follows:
 - 1. **College or university program:** 12 or more credit hours are considered full-time status or 12 or less credit hours considered part-time status. Graduate students are considered the same.
 - 2. **High School student enrollment:** Students still in high school enrolled in a course by an accredited academic school as approved by that student's school district; or
 - 3. **Vocational or Technical school or institute program:** Students enrolled in a 3-month program or longer are considered full-time status. Students enrolled in a program that is 3-months or less is considered part-time status.
- F. BUDGET: Complete a budget forecast from the school or technical institution which the student is attending. Use Budget form attached to this application or a print out from the school system.
- G. ACCEPTANCE LETTER: Evidence that the student has been accepted at an academic, vocational or technical institution. An acceptance letter and/or class listing, training description provided by institution.

RETURNING STUDENTS: Students awarded a scholarship for semester/quarter based college/university programs must submit the following for continuing education:

REGISTRATION
OFFICIAL TRANSCRIPTS
BUDGET

Students attending Vocational/Technical schools must submit new information for every new course attended.

SCHOLARSHIP APPLICATION
(please provide most recent address for correspondence)

GENERAL INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____ MESSAGE: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SSN #: _____

SEX: MALE FEMALE

VILLAGE ENROLLED TO: _____

ANSCA ENROLLED TO: _____

DEGREE OF NATIVE BLOOD: _____

I AM A: VETERAN NOT APPLICABLE

I AM :

- SINGLE SINGLE PARENT WITH _____ DEPENDENT (S)
 PARENT IN TWO-PARENT WITH _____ DEPENDENTS (S) AND SPOUSE
 OTHER, SPECIFY MARRIED WIDOWED SEPERATED 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							
Business/Technical							
Vocational							

COLLEGE/UNIVERSITY APPLYING: _____

FINANCIAL AID OFFICE ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

THIS SCHOOL IS A: ___ SEMESTER ___ TRIMESTER ___ QUARTERLY ___ VOC/TECH

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 YEAR WILL BE:
 ___ FRESHMEN ___ SOPHOMORE ___ JUNIOR ___ SENIOR

STATEMENT OF CORRECTNESS, UNDERSTANDING AND AUTORIZATION

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 data 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 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 there of is to be refunded to the organization to which the scholarship was received, 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 official grade transcripts, certificate(s) of completion to the organization to which the scholarships 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 – not that of the organization – to obtain the necessary application materials form the participating organization to which I am applying and submit the completed application so that it is received in full before the deadline to received 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, an appropriate publications
8. **Acceptance.** If selected as a recipient for a scholarship, I agree to accept that award in good faith.

I have read 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:** _____ 10. **Date** _____

FINANCIAL NEED SHEET

(this page may be replaced by a budget sheet from your university or school)

Student's Name _____ Maiden Name _____
 Student's Address _____ Social Security Number _____
 College/University _____ Phone Number _____ Birth date _____
 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).
 My class will be: Freshman Sophomore Junior Senior Graduation Date _____
 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 _____ and ending _____

COLLEGE OR UNIVERSITY BUDGET:

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

I give _____ permission to release the information in my financial and Academic files to the Northwest Arctic Borough.

Student Signature _____ Date _____

STUDENT RESOURCES AND INSTITUTION AWARDS:

Starting Date	2007	2007	2008	2008	
TYPE OF AID:	FALL	WINTER	SPRING	SUMMER	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					
Students Contribution					
Tribal Assistance					
Tuition Exemption					
Veterans Benefits					
Other (Specify)					
Other					

Total Resources \$ _____
 Unmet Need: \$ _____

Financial Aid Officer

Name of school