



**Nome Eskimo Community**  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907)443-2246  
 Fax (907)443-9144



## CONTINUING EDUCATION SCHOLARSHIPS

This application must be submitted before the deadline date for the next semester/quarter and a copy of your class registration. Official Transcripts must be submitted within 2 weeks of the date grades are posted. Full-time students must enroll for a minimum of twelve (12) credits per semester, or ten (10) credits per quarter (or the number of credits the school requires for full-time status). For continued funding, students must maintain a minimum Grade Point Average (GPA) of 2.0 and complete credit requirements for full-time status. Summer funding is based on availability of funds.

### **Funding amounts for Undergraduate students:**

Members residing in Nome at time of Graduation - \$1500.00 per term / \$750.00 Part time  
 Members graduating from other high schools in Alaska - \$1000.00 per term /\$500.00 Part time  
 Members living out of state - \$500.00 per term /\$250.00 Part time

### **Funding amounts for Graduate students:**

Members that have residence in the State of Alaska - \$1500.00. Members who reside out of the State of Alaska will be eligible for up to \$1000.00, depending on need

### **Application Deadlines:**

- Fall Semester/Autumn Quarter..... July 1
- Spring Semester/Winter Quarter ..... December 1
- Spring Quarter ..... February 15
- Summer Term ..... May 1

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

School Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Class Status:  Freshmen (0-29 credits)  Sophomore (30-59 credits)  Junior (60-94 credits)  Senior (95 + credits)

Graduate  Other: \_\_\_\_\_

Term applying for (year): \_\_\_\_\_  Spring /Winter  Summer  Fall/Autumn  Other \_\_\_\_\_

Which term/schedule is your school on:  Semester  Quarter  Trimester  Other \_\_\_\_\_

Start of term: \_\_\_\_\_ Completion of term: \_\_\_\_\_ Credits earned to date: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Your Mailing Address While in School:	Your Permanent Address:
Telephone:	Telephone:
E-mail:	E-mail:
Face Book:	Face Book:



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### STUDENT BUDGET

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

List each source of federal or state financial aid applied for this term:	Received	Denied	Pending	Date Received	Amount
					\$
					\$
					\$
					\$

List each scholarship applied for this term:	Received	Denied	Pending	Date Received	Amount
					\$
					\$
					\$
					\$

#### FORM INSTRUCTIONS

- List all financial aid that you applied for in the first set of boxes. Update staff on any pending aid you receive after this budget is submitted.
- List all scholarships you applied for in the second set of boxes. Update staff on any pending scholarships you received after this budget is submitted.
- Calculate the totals for student funds and costs to determine unmet need.

Please contact the Tribal Services staff if you have any questions concerning the student budget form.

By signing below, you certify that the information is true and correct to the best of your knowledge and you agree to update the Tribal Services staff on any pending amounts documented on your Student Budget after submission.

<b>Total Aid and Scholarships</b>	\$
<b>Student Contributions</b>	\$
<b>Parents or Spouse Contribution</b>	\$
<b>TOTAL STUDENT FUNDS</b>	\$

#### School Related Costs for this Term:

<b>Tuition</b>	\$
<b>Books</b>	\$
<b>Fees</b>	\$
<b>Supplies</b>	\$
<b>Room</b>	\$
<b>Meals</b>	\$
<b>Transportation</b>	\$
<b>Other</b>	\$
<b>TOTAL COSTS</b>	\$

<b>TOTAL UNMET NEED FOR STUDENT</b>	\$
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: education transcripts, class schedules/student registration, billing information, academic status or other pertinent student information. I understand that this information will be used solely for the administration of the NEC Tribal Services Program and will not be released to any other person or agency outside NEC. I understand that copies of this authorization will be as valid as the original and that this authorization will be valid for one year from the signature date.

I understand that as needed, the space below will be utilized to submit written requests of verification from the appropriate business to process my application and complete a determination, and prior to NEC Tribal Services requesting verification I will be contacted and notified of what type of verification will be requested; however, if efforts to contact me are unsuccessful, the request will be made to expedite the processing of my application determination and staff will continue efforts to contact me until I am notified.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Signature

\_\_\_\_\_

Date