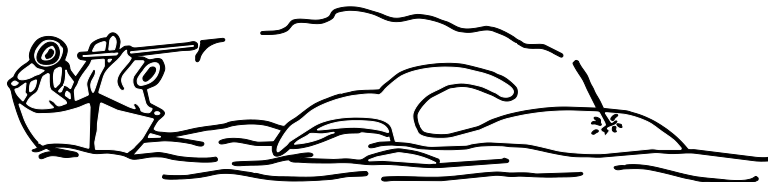




NOME ESKIMO COMMUNITY

P.O. BOX 1090
NOME, ALASKA 99762

PHONE (907) 443-2246
FAX (907) 443-3539



**NOME ESKIMO COMMUNITY
CONTINUING EDUCATION SCHOLARSHIP**

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 30 days of completion of term.

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 2.00 and complete credit requirements for full-time status**. Summer funding is based on availability of funds to students who are in senior standing that will be graduating.

Funding amounts for Undergraduate students:

Members residing in Nome, Alaska at Graduation - \$1500.00 per term \$750.00 PT. Members graduating from HS in Alaska - \$1000.00 per term \$500.00 PT. Members graduating from HS out of state - \$500.00 per term \$250.00 PT

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 15
- Spring Semester/Winter Quarter December 1
- Spring Quarter February 15
- Summer Term May 15

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

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

Start of term: _____ Completion of term: _____ Credits earned to date: _____

Anticipated Graduation Date: _____

Student's Mailing Address While in School:	Student's Residential Address While off From School:
Telephone:	Telephone:
E-mail:	E-mail:

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

1. List all financial aid that you applied for in the first set of boxes. Update staff on any pending aid you received after this budget is submitted.
2. List all scholarships you applied for in the second set of boxes. Update staff on any pending scholarships you receive after this budget is submitted.
3. 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.

Total Aid and Scholarships	\$
Student Contributions	\$
Parents or Spouse Contribution	\$
TOTAL STUDENT FUNDS	\$

School Related Costs for this Term:

<input type="checkbox"/> Instate <input type="checkbox"/> Out of State Tuition	\$
Books	\$
Fees	\$
Supplies	\$
Room	\$
Meals	\$
Transportation	\$
Other	\$
TOTAL COSTS	\$

TOTAL UNMET NEED FOR STUDENT	\$
-------------------------------------	-----------

Signature: _____ Date: _____

Nome Eskimo Community

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: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. 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