



Nome Eskimo Community

Box 1090

Nome, Alaska 99762

Phone (907)443-2246

Fax (907)443-3539



HIGHER EDUCATION SCHOLARSHIPS Graduating High School Students

Nome Eskimo Community (NEC) provides scholarship funds to students who pursue secondary education by enrollment in an Associate's or Bachelor's degree program. Scholarships are made available to students enrolled in a Master's Degree program based so long as funds are available.

These scholarship funds are supplemental, therefore, applicants must apply for all other available funding sources that include but are not limited to: state, federal, local and private financial aid as well as utilize student/family resources to contribute to their educational costs. It is the responsibility of the applicant to apply for these other funds. In no case will NEC provide assistance to cover the total financial need.

Funding amounts per term:

Members graduating from high school in Nome	- \$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 graduating out of state	- \$500.00 per term / \$250.00 Part time

Credit Requirements

Full-time students must enroll for a minimum of twelve (12) credits per semester, ten (10) credits per quarter or the number of credits the school requires for full-time status. Part-time students must enroll for a minimum of six (6) credits. Funding for part-time status is limited to tuition, fees & books only. Students who are enrolled for less than six (6) credits will be considered on a case-by-case basis.

Should a student receive an Incomplete (I) and/or Deferment (D) during a term, this results in non-compliance of credit requirements. Students must fulfill credit requirements during the term a scholarship was awarded. Should the student complete the required work at a later date, and receive a passing grade, it does not constitute successful completion of the term for which the Incomplete and/or Deferment was received.

Students who withdraw during a term which they received a scholarship for must provide written documentation stating the reason for withdrawal. If the student does not notify Nome Eskimo community they are ineligible to reapply until successful completion of a term with other resources. If the withdrawal is due to circumstances determined to be justifiable (i.e.: medical, death in family), the student may be placed on probationary status for the upcoming term. If the student withdrew for reasons determined non-justifiable, they are ineligible to reapply until successful completion of a term with other resources (i.e.: attendance problems or not completing assignments).

Grade Requirements

Students must have graduated/will graduate from high school with at least a 2.0 Grade Point Average (GPA) preceding the term for which the student is requesting funding.



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Graduating High School Students EDUCATION INFORMATION

Applicant Name: _____ SSN: _____ DOB: _____

High School you will be graduating from:

School Name: _____

P.O. Box, City, State, Zip Code: _____

Phone: _____ Fax: _____

Type of Education: _____ Dates Attended: _____

Graduation Date: _____

College You Plan to Attend: (The physical address of where the scholarship check will be sent)

College Name: _____

Address, City, State, Zip Code: _____

Phone: _____ Fax: _____

Major Field of Study or Emphasis: _____

Type of Degree or Certificate pursuing: AA / AS BA / BS MA / MS Other: _____

Type of Term this College operates on: Quarter Trimester Semester Other: _____

Term you are Applying for: Fall _____ Spring _____ Summer _____ Other _____

Start Date of Term: _____ Completion Date of Term: _____ Number of Credits Enrolled: _____

Projected Graduation Date for degree: _____

Please make sure you put both your permanent mailing address and your mailing address while at school.

Your Mailing Address During School (if available):	Your Permanent Mailing Address:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail:
Facebook:	Facebook:



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Signature: _____ Date: _____

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