



Native Village of Selawik

Selawik IRA Council

~ Home of the Wolves ~

P.O. Box 59

(907) 484-2165 phone / (907) 484-2226 fax

SCHOLARSHIP APPLICATION

Name: _____ DOB: _____
Last First Middle Initial

Address: _____

Phone #: _____ Email Address: _____

Citizen Status: _____ U. S. Citizen _____ Permanent Resident Alien _____ Refugee/Parolee
_____ Other _____ Temporary Work Permit

Marital Status: _____ Single _____ Married _____ Widow _____ Divorced _____ Separated
(Circle One)

Race/Ethnic Origin: Alaska Native/American Indian _____ White _____ Black _____ Hispanic _____ Latino
(Circle One) _____ Asian/Pacific Islander

Number of family members in your household including you: _____

SCHOLARSHIP APPLYING FOR:

(Check One) _____ Higher Education _____ Adult Vocational Training _____ Direct Employment

Last Grade Completed:

_____ No educational grades completed _____ Completed 11th or 12th grade _____ High School Diploma/GED
but did not receive diploma

Grades completed in elementary:

College:

Freshman _____ Sophomore _____ Junior _____ Senior _____ Bachelor's Degree _____ 5 years of College _____

6 or more years of college _____

Student Status: (Circle One)

Full Time _____ Part Time _____ Not a Student _____ Alternative School Part Time _____ Schoolwide Project _____

Have you ever been funded by the Native Village of Selawik Scholarship Program before? Yes _____ No _____

If so, when and did you complete the training course? _____

If you did not complete, please explain why: _____

Are you currently on probation on parole? Yes _____ No _____ Name of Probation Officer: _____

If you have been convicted of a felony, what was the nature of the offense? _____

IN ORDER FOR YOU TO COMPLETE YOUR APPLICATION, THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

- Copy of your Birth Certificate, Social Security Card, and Tribal Enrollment Card.
- Copy of your school transcripts, only if you graduated in last year.
- Copy of acceptance letter from institution.
- Budget (form enclosed)
- Last month's income to include the following: check stubs, employer information.
- Two (2) letters of recommendation NOT from immediately family.
- A letter from you, describing your plans, career goals and why you should be considered for funding. (Also how you deal with alcohol and drugs.)
- You must, if not already, apply for funding from other sources. For example: Maniilaq, JTPA, NANA, Borough, FAFSA (Federal Pell Grant).

INCOME STATUS

Place an X on the line next to any of the following types of financial support that you or your family members are receiving. These items are NOT to be included as income.

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Child Support | <input type="checkbox"/> Aide to the Needy Disabled | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> AFDC | <input type="checkbox"/> General Assistance | <input type="checkbox"/> JOBS |
| <input type="checkbox"/> Refugee Assistance | <input type="checkbox"/> DVR | <input type="checkbox"/> Survivors Benefits | <input type="checkbox"/> Other |
| <input type="checkbox"/> Old Age Supplement Income | <input type="checkbox"/> Alaska Permanent Fund Dividend | | |

List everyone living in the house and enter the total income in the past six (6) months.

| Name | Relationship | Income |
|-------|--------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

List your jobs and earnings for the past six (6) months before taxes or other withholding:

| Employer | Amount Earned |
|----------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Total amount earned within six (6) months rounded to the nearest whole dollar: \$ _____

If you had no income, please explain why: _____

WORK HISTORY

Job Title: _____ Employer: _____

Address: _____ Phone: _____

_____ Wages/Salary: _____

Dates of Employment: From: _____ To: _____ Hours/Week: _____

List Skills you used to perform the job/duties: _____

Job Title: _____ Employer: _____

Address: _____ Phone: _____

_____ Wages/Salary: _____

Dates of Employment: From: _____ To: _____ Hours/Week: _____

List Skills you used to perform the job/duties: _____


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**FUNDING WILL BE DISBURSED UPON AVAILABILITY TO ALL APPLICANTS WHO APPLIED AND WILL BE ATTENDING HIGHER EDUCATION, ADULT VOCATIONAL TRAINING, OR DIRECT EMPLOYMENT.**

Tanya Ballot, Tribal Administrator  
Native Village of Selawik