

## 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**