



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.

APPLICANTS MUST BE RESIDENTS OF THE NORTHWEST ARCTIC BOROUGH AT THE TIME OF EACH SCHOLARSHIP APPLICATION (NWAB ORDINANCE 20-08)

E-MAIL COMPLETE APPLICATION TO: Scholarship@nwabor.org or fax to (907) 442-2930

Application Deadlines: Fall - August 15 Spring - January 15 Summer – June 1

Vocational/Technical school: One week prior to class start date.

1. ☐ **PROOF OF RESIDENCY:** Proof of actual residency in the Northwest Arctic Borough at the time of each application for the scholarship program, such as voter registration, mail, etc.
2. ☐ **TRANSCRIPTS:** Copies of unofficial transcripts from high school or accredited equivalent, vocational or technical school, or college or university program. Student must maintain a 2.0 GPA or higher. GPA is based on the applicant's latest cumulative grades received.
3. ☐ **REGISTRATION:**
 - I. College or university program: Freshmen, sophomores, and juniors with 12 or more credit hours are considered full-time students and with less than 12 credit hours are considered part-time students. Seniors and graduate students with 9 or more credit hours are considered full-time students and with less than 9 credit hours are considered part-time students.
 - II. Vocational or technical school or institute program: Students enrolled in a program that is 2 months in length or longer are considered full-time students. Students enrolled in a program that is less than 2 months in length are considered part-time students.
4. ☐ **BUDGET:** Use the Financial Need Sheet form attached to this application or a print out from the school or technical institution which the student a completed budget forecast.
5. ☐ **TWO LETTERS OF RECOMMENDATION** for new applicants.
6. ☐ **ACCEPTANCE LETTER** for new applicants.

FRANK R. FERGUSON MEMORIAL SCHOLARSHIP APPLICATION

STATEMENT OF CORRECTNESS, UNDERSTANDING AND AUTHORIZATION

1. **Application Information.** To the best of my knowledge and belief, I attest that the information 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 or 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 thereof is to be refunded to the organization from which the scholarship was received if, 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 unofficial grade transcripts and certificate(s) of completion to the organization from which the scholarship 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, and not that of the organization, to obtain the necessary application materials from the participating organization to which I am applying and submit the completed application so that it is received in full before the deadline to receive 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, and appropriate publications.
8. **Acceptance.** If selected as a recipient for a scholarship, I agree to accept that award in good faith.

I have read and 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: _____ Date: _____

GENERAL INFORMATION:

Name: _____

Phone: _____

Mailing Address: _____

Date of Birth: _____

St.ID# OR

SSN#: _____

Email Address: _____

Are you a veteran? ☐ YES ☐ No

Sex: Male ☐ Female ☐

Borough Resident ☐ YES ☐ No

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							
GED							
Vocational/Technical							

**FRANK R. FERGUSON MEMORIAL SCHOLARSHIP
FINANCIAL NEED SHEET**

Student Name: _____ Phone Number: _____

This School is a: ☐ Semester: ☐ Trimester: ☐ Quarterly: Major: _____

☐ Vocational/Technical Dates: _____

I have earned _____ credits to date. I plan to enroll for _____ credits this term.

My class rank for the upcoming term: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Masters

Institution Budget:

Tuition..... _____

Fees..... _____

Books..... _____

Room..... _____

Board..... _____

Other (specify)..... _____

Other (specify)..... _____

TOTAL..... _____

Unmet Need.....\$ _____

I give _____ permission to release the information for my financial and academic files to the Northwest Arctic Borough.

Financial Aid Officer: _____

Financial Aid Address: _____

City: _____ State: _____ Zip Code: _____

Student Signature

Date