



Welcome to the Arctic Education Foundation! We commend you on your decision to further your education. AEF is committed to assisting you to attain your higher education. If you meet all eligibility requirements, please complete the enclosed initial application packet and submit to the AEF office by the deadline date **prior** to start of classes.

Optional: Apply online at [www.arcticed.com](http://www.arcticed.com)! Your choice: online or a paper application.

If you need confirmation that we have received your application and your file is complete, please contact us either by phone or e-mail. We will gladly check on the status of your application for you. We regret that we cannot respond individually to each applicant as we process over 250 applications each semester. It is your responsibility to make sure your file is complete and ready for consideration. We will not process incomplete applications. Written notification will be sent after scholarships have been approved and checks are mailed out. We will mail you a Notification of Award to the mailing address listed on your application.

**AEF cannot pay for all of your educational needs.** We encourage you to apply for any other scholarships for which you may be eligible. We particularly encourage you to submit a FAFSA (Free Application for Federal Student Aid) whether or not you feel you qualify for any of their grants ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)). Many educational institutions will *not* provide us with the critical budget information we need to process your application if you have not submitted a FAFSA. If this is the case, any delay in applying for FAFSA will hold up your AEF scholarship. We cannot process an application without a completed Need Sheet/Budget Forecast from your school's Financial Aid Office.

The AEF required paperwork is listed on the next page. If you have any questions or concerns, please contact me at (800) 770-2772. Again, we applaud your decision and encourage you to complete your education.

Sincerely,

A handwritten signature in blue ink that reads 'Carolyn M. Edwards'.

Carolyn M. Edwards, Manager  
ARCTIC EDUCATION FOUNDATION, INC.

encl: Paperwork Requirements for AEF file  
Determination of Eligibility/Genealogy Form  
Personal Information for Initial Application  
AEF Scholarship Application  
Need Sheet/Budget Forecast

# ARCTIC EDUCATION FOUNDATION REQUIREMENTS

**Initial AEF Application** - There are 7 parts to an initial application:

1. **AEF Application** - 2 page application
2. **AEF Determination of Eligibility** - 2 pages; 1<sup>st</sup> page the Determination of Eligibility, 2<sup>nd</sup> page is the Genealogy form.
3. **Copy of Acceptance Letter** or Certificate of Admission from an accredited college or training institution
4. **Need Sheet/Budget Forecast** – fill the form out and send it to your school's Financial Aid Office. Do not make the mistake of sending it blank to AEF.
5. **High School or your latest previous school transcript** – unofficial college/training transcripts are accepted.
6. **Three letters of recommendation**
7. **Personal Plans Letter** - A short letter detailing what you plan to do once you finish school. There is a section on the application for this.

## **Additional paperwork:**

If you are (1) **a fulltime student** (2) attending school **away from your hometown** and (3) living **off-campus** and want to request assistance with room/board, you must send in your (4) **current lease agreement**. Reminder: AEF has a semester/quarter limit. If you qualify for off-campus room and board, then you will receive the maximum allowed under our semester/quarter limits. You must maintain fulltime status to receive off-campus room and board, or else you will be required to return the funds before receiving the AEF scholarship.

## **How often must I apply for scholarships?**

- **COLLEGE STUDENTS and TRAINING STUDENTS ATTENDING SCHOOLS RUNNING ON AN ACADEMIC CALENDAR**: You must apply at the beginning of every academic school year. You will not need to re-apply mid-year. Most academic school years start in September and end in June. Please have your application in to AEF by the August 1<sup>st</sup> deadline (or December 1<sup>st</sup> for those starting mid-year). Even though you don't need to re-apply each semester or quarter you **must** still send in grades after each term of the regular academic school year to get your next term's funding.
- **TRAINING STUDENTS ATTENDING YEAR-ROUND**: If your training institution will fill out a budget forecast for your FULL year-round training, you will only need to apply once. Make sure your Financial Aid Office submits a Need Sheet/Budget Forecast for your full training. You must still continue to send in your progress report after each semester/quarter before receiving your next term's funding.
- **RENEWALS**: If ALL of the required initial paperwork is in your AEF file, at the beginning of each school year you will only need to send in three things: an AEF Application, Need Sheet/Budget Forecast from your school, and a full/complete transcript.



[www.arcticed.com](http://www.arcticed.com)

P.O. Box 129, Barrow, AK 99723

Phone 907.852.8633 or 1.800.770.2772 Fax 907.852.2774

<b>Deadlines:</b> August 1 <sup>st</sup> <input type="checkbox"/> Fall December 1 <sup>st</sup> <input type="checkbox"/> Spring/Winter March 1 <sup>st</sup> <input type="checkbox"/> Spring Quarter May 1 <sup>st</sup> <input type="checkbox"/> Summer	<b>I am applying for:</b>	<b>Year: 201__</b>  • Your <b>FALL</b> application will cover the full academic year <b>IF</b> your need sheet covers the full academic year. • Apply by the deadline date <b>prior</b> to start of term. • Applications are not accepted after the deadline.
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**Important:**

Print clearly and complete every section. Incomplete applications will not be processed.

**Section 1: Personal Data**

Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Single <input type="checkbox"/> Married
Maiden Name _____	Date of Birth _____
Mailing Address _____ _____	SSN _____
_____	Email _____
_____	Home Phone _____
_____	Cell/Message Phone _____

**Section 2: University/Training Institution**

University/Training Institution _____	Financial Aid Officer _____
Address _____ _____	FAO Phone _____
_____	FAO Fax _____
_____	FAO Email _____

**Section 3: College Status**

<b>I am a:</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate: <input type="checkbox"/> Master's or <input type="checkbox"/> Doctoral	<b>Type:</b> <input type="checkbox"/> Training <input type="checkbox"/> College <input type="checkbox"/> Other _____	<b>I will attend:</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time - credits: _____
		<b>I will live:</b> <input type="checkbox"/> On campus <input type="checkbox"/> Own home or with parents <input type="checkbox"/> Off campus

**Section 4: Goal**

**College:**

- Bachelor's Degree
- Master's/Graduate Degree
- Doctorate
- Other \_\_\_\_\_

**Training:**

- Associate of Arts Degree
- Certificate/Endorsement
- Other \_\_\_\_\_

**Expected Graduation Date:**

(or Date of Completion of Training):  
Month/Year: \_\_\_\_\_

**Major:** \_\_\_\_\_

**Minor (if applicable):** \_\_\_\_\_

**Section 5: Other Financial Resource Disclosure**

Are you eligible to receive a scholarship from any other ANCSA Regional or Village Corporation (or related subsidiary) outside of the Arctic Slope Region? (Examples: Doyon, NANA, CIRI, etc.)

No  Yes, please specify: \_\_\_\_\_

**Section 6: Statement of Correctness, Understanding, Authorization and Privacy Act Waiver**

Read carefully and **initial** each section.

\_\_\_\_\_ I hereby attest that **all** the information I have provided to AEF is **true, correct and complete**.  
Required

\_\_\_\_\_ I understand that if I, for any reason, do not attend the school as stated the **full scholarship is to be returned**.  
Required

\_\_\_\_\_ I understand that **immediately upon completion of each semester/quarter/term** I shall submit a **copy of my grades to AEF** to verify completion of the courses of study for the semester during which the award was used and to assess continued eligibility for future scholarships.  
Required

\_\_\_\_\_ I hereby attest that the **courses** I take are **geared toward a degree, certification or endorsement** suitable for obtaining employment in my chosen field.  
Required

\_\_\_\_\_ I certify that I am **NOT** a spouse, ancestor, lineal descendant (by blood or adoption), or the spouse of a lineal descendant of any member of the Arctic Education Foundation Board of Directors.  
Required

\_\_\_\_\_ I hereby authorize the **release of any of the information contained within this application** as necessary to assist me in obtaining additional financial assistance and/or job placement.  
Required

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

Completed application and required attachments must be received by the deadline date to be considered for the term. Late applications will not be considered. Mail or fax completed application and all required paperwork to:

**Arctic Education Foundation, P.O. Box 129, Barrow, AK 99723** Fax: 907.852.2774

If you have any questions, feel free to email Carolyn M. Edwards, AEF Manager: [cmedwards@asrc.com](mailto:cmedwards@asrc.com)

**Arctic Education Foundation, Inc.** is a private 501(c)3 foundation created to provide scholarships to its eligible class of recipients upon showing of financial need and timely submittal of required documentation.

# AEF Scholarship Application

## DETERMINATION OF ELIGIBILITY

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Disclosure Requirement

I certify that I am NOT a spouse, ancestor, lineal descendant (by blood or adoption), or the spouse of a lineal descendant of any member of the Arctic Education Foundation Board of Directors.

Signature \_\_\_\_\_

### Verification of Membership in Eligible Class – Check one

1. \_\_\_\_\_ I am a Northern Alaskan Inupiat Native of at least ¼ blood quantum currently residing in the Arctic Slope Region. Submit copy of CIB – Certificate of Indian Blood (available through BIA) showing your status as a Northern Alaskan Inupiat Native.

2. \_\_\_\_\_ I am an original 1971 shareholder of the Arctic Slope Regional Corporation. I authorize AEF to verify genealogical information through the ASRC Stock Department.  
\_\_\_\_\_ Initial

3. \_\_\_\_\_ I am a direct lineal descendant of an *original* 1971 shareholder of the Arctic Slope Regional Corporation. Select one of the following below:

\_\_\_\_\_ ASRC Shareholder I authorize AEF to verify genealogical information through the ASRC Stock Department. \_\_\_\_\_ Initial

\_\_\_\_\_ Non-ASRC Shareholder I have included a genealogy form and a copy of birth certificate(s) tracing my ancestry back to an original 1971 ASRC shareholder.

### High School Diploma or GED

High School: \_\_\_\_\_

OR GED

City/State: \_\_\_\_\_

State Issued: \_\_\_\_\_

Month/Year graduated: \_\_\_\_\_

Year: \_\_\_\_\_

### Verification of Age, Residency & Citizenship

\_\_\_\_\_ I certify that I am at least 17 years of age.  
Initial

\_\_\_\_\_ I certify that I am a United States citizen *and* resident.  
Initial

# Genealogy for Eligibility Determination

If you are not an original 1971 ASRC shareholder, you MUST fill this out and submit with your application.

Be prepared to provide additional documentation if required.

A genealogy chart for eligibility determination. It starts with a horizontal line labeled "Your Name" on the left. A vertical line descends from this point and splits into two paths: one for the "Father" and one for the "Mother". Each path leads to a box for the respective parent. From the "Father" box, two lines lead to boxes for "Paternal Grandfather" and "Paternal Grandmother". From the "Mother" box, two lines lead to boxes for "Maternal Grandfather" and "Maternal Grandmother". Each of these four boxes has two lines leading to boxes for "Great-grandfather" and "Great-grandmother".

```
graph LR;
  YouName[Your Name] --- VLine[ ];
  VLine --- Father;
  VLine --- Mother;
  Father --- PaternalGrandfather;
  Father --- PaternalGrandmother;
  Mother --- MaternalGrandfather;
  Mother --- MaternalGrandmother;
  PaternalGrandfather --- GG1[Great-grandfather];
  PaternalGrandfather --- GG2[Great-grandmother];
  PaternalGrandmother --- GG3[Great-grandfather];
  PaternalGrandmother --- GG4[Great-grandmother];
  MaternalGrandfather --- GG5[Great-grandfather];
  MaternalGrandfather --- GG6[Great-grandmother];
  MaternalGrandmother --- GG7[Great-grandfather];
  MaternalGrandmother --- GG8[Great-grandmother];
```

# Financial Need Sheet/Budget Forecast

**Student:** Fill out this top portion only and submit it to your school's Financial Aid Office.

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

I give permission for (**university/training institution**) \_\_\_\_\_  
to release financial and academic information to the Arctic Education Foundation.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Financial Aid Office:** Please complete this form and return it to the Arctic Education Foundation. Please fill Expenses portion even if Other Resources information is unavailable.

<b>Budget Forecast</b>	<b>Expenses</b>	<b>Student is:</b> <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time
Tuition	\$ _____	<b>School calendar runs on:</b> <input type="checkbox"/> Semesters    # of Semesters _____ <input type="checkbox"/> Quarters       # of Quarters _____ <input type="checkbox"/> Other: _____
Fees	\$ _____	
Books	\$ _____	
Room & Board	\$ _____	
Other: (specify) _____	\$ _____	<b>Need cannot be determined because:</b>
_____	\$ _____	
<b>Total Budget:</b>	\$ _____	

<b>Other Resources</b>		20_____	20_____	20_____	<b>Total</b>
<b>Type of Aid</b>		Fall	Winter	Spring	
<b>Grants</b>	Institutional				
	Other Scholarships				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veteran's Benefits				
<b>Loans</b>	Other (specify)				
	Alaska Student Loan				
	Perkins Loan				
	Guaranteed Student				
<b>Personal</b>	AFDC or Welfare				
	Parent/Spouse				
	Student Contribution				
	Work Study Program				
	Other (Specify)				

<b>FAO Name</b> _____	<b>Total Resources:</b> _____
<b>Email</b> _____	<b>Unmet Need:</b> _____
<b>Address</b> _____	<b>Phone</b> _____
<b>FAO Signature</b> _____	<b>Fax</b> _____
	<b>Date</b> _____

**FAO:** Please fax to 907-852-2774 or mail to: Arctic Education Foundation, P.O. Box 129, Barrow, AK 99723

# AEF Scholarship Application

## PERSONAL INFORMATION FOR INITIAL APPLICATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### History

#### Previous Post-Secondary Schools Attended

Have you ever attended any prior post-secondary academic or vocational institution?

Yes  No If Yes, please list:

Name	Address	Dates attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

### References

#### List Three References who will write Letters of Recommendation on your behalf:

These three references must write a Letter of Recommendation on your behalf for scholarship funding. Please request them to do so. For our purposes, the letter should focus on their knowledge of you and their belief that you will finish the education or training you are seeking.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Personal Plans

Please describe your personal plans upon completion of study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date