



arctic education
foundation

Arctic Education Foundation

P.O. Box 129
Barrow, AK 99723

Ph: (907) 852-8633
Toll Free: (800) 770-2772
Fax: (907) 852-2774

Welcome! to the Arctic Education Foundation. We commend you on your decision to further your education. AEF is committed to assisting you attain your education goal.

If you meet all eligibility requirements, please fill out the enclosed application form and submit to the Arctic Education Foundation office in Barrow. Your completed application must be received by the deadline date to be considered for the first term of your attendance.

If you need confirmation that we have received your application, 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 receive the forms because we have to track and process over 250 applications. *It is your responsibility to make sure your file is complete and ready for consideration.* We will not process incomplete applications. The only written notification will be *after* scholarships have been approved and we are sending out checks. We will mail you a Notification of Award to the Mailing Address listed on your application. If you are not sure if your application is complete, please call or e-mail us anytime.

Also please be aware that AEF Foundation 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. For faster response you can apply through the Internet (www.fafsa.ed.gov). **Many educational institutions (including the University of Alaska system) 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 grant. We cannot process an application without a Need Sheet/Budget Forecast from your Financial Aid Office.

Please read through "PAPERWORK REQUIREMENTS FOR AEF FILE" and make sure you submit all required paperwork before the applicable deadline. If you have any questions or concerns, please contact me at (800) 770-2772, ext. 5155. Again, we applaud your decision and encourage you to complete your education.

Sincerely,

Leona Okakok, Manager

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

PAPERWORK REQUIREMENTS FOR AEF FILE

INITIAL AEF APPLICATION: There are basically seven parts to a complete *initial* Arctic Education Foundation file. If you do not take a break in your education you will need to do this much paperwork only once.

1. AEF Determination of Eligibility
2. AEF Application
3. Copy of Acceptance Letter or Certificate of Admission from an accredited college or training institution
4. Need Sheet/Budget Forecast
5. High School or your latest previous school transcript
6. Three letters of recommendation
7. A short letter detailing what you plan to do once you finish school

Additional paperwork:

If you are a **FULLTIME** student attending school away from your hometown and living off-campus and want to request assistance with room/board, you must send in your current **lease agreement**. *If you have not yet reached your semester or quarter limit*, providing AEF with a copy of your lease agreement allows us to assist in this support.

How often must you 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 1st deadline (or December 1st 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.**

If you have questions about the school's calendar, check with your Financial Aid Office. Otherwise, consider yourself attending on the academic calendar and apply once each year by the August 1st deadline.

RENEWALS: If **ALL** required paperwork is in your AEF file, at the beginning of each school year you will need to fill out **ONLY** an AEF Application and Need Sheet/Budget Forecast as well as sending in your latest transcript.

NAME: _____ SSN: _____

Arctic Education Foundation

Personal Information for Initial Application

I. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. REFERENCES

References*

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

NAME	ADDRESS	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

*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.

III. SHORT PARAGRAPH ON YOUR PERSONAL PLANS UPON COMPLETION OF STUDY:

Signature Date

Deadline dates: August 1; December 1; March 1; June 1
Submit your application at least by the deadline date *prior* to the start date of classes each school year.



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NAME: _____

e-mail address: _____

AEF SCHOLARSHIP APPLICATION

P.O. Box 129
Barrow, AK 99723
Ph: (907) 852-8633
Toll Free: (800) 770-2772
Fax: (907) 852-2774

APPLICATION FOR: (only 1 per application)

_____ Full school year - September 20_____ to June 20_____

_____ Semester/quarter ONLY (*dates*) _____

_____ Other (please specify) _____

Deadlines: Aug 1 - Fall Sem/Qtr	Dec 1 - Spr Sem/Wtr Qtr
Mar 1 - Spr Qtr/Early Summer	June 1 - Summer

FILL AS CLEARLY, COMPLETELY and ACCURATELY AS POSSIBLE

Section 1: Personal Data

Name: _____

_____ Male Date of Birth: _____

(Maiden Name) _____

_____ Female SSN: _____

Permanent Home Address when not attending school:

Mailing Address while attending school:

Home Phone #: _____

Message Phone #: _____

Best way to contact you while you are attending school:

___ phone ___ cell phone ___ message phone ___ fax ___ e-mail

Section 2: School Information

Name of School: _____

Financial Aid Office Information

Address: _____

Financial Aid Officer: _____

FAO Phone Number: _____

FAO Fax Number: _____

Section 3: Status

I will be a: _____ Freshman _____ 1st year training student

I will attend: _____ fulltime

_____ Sophomore _____ 2nd year training student

_____ part time (#cr: _____)

_____ Junior _____ (Other) _____

I will live: _____ on campus

_____ Senior

_____ own home or with parents

_____ Graduate/Masters/Doctorate/Professional degree candidate

* _____ off campus*

**please send copy of lease agreement*

Section 4: Goal

COLLEGE:

TRAINING:

Goal: _____ Bachelor's Degree
_____ Master's/Graduate Degree
_____ Doctorate
_____ Other (professional degree)

_____ Associate of Arts Degree (AA degree)
_____ Certificate/Endorsement
_____ Other (Please specify) _____

Major: _____
Major or Course of Study

_____ Minor (if applicable)

Expected Graduation Date or Date of Completion of Training: _____

Section 5: Other Financial Resource Disclosure

Are you eligible to receive a scholarship from any ANCSA Regional or Village Corporation (or related subsidiary) outside the Arctic Slope Region? ___ Yes ___ No If "Yes", specify: _____

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

Read and initial each section. ***Please complete to prevent delay in processing.***

_____ 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 the 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 that academic school year or training period. Mail completed application and all required paperwork to :

**Arctic Education Foundation
P.O. Box 129
Barrow, AK 99723
(907) 852-8633 Phone
(800) 770-2772 Toll Free
(907) 852-2774 Fax**

NEED SHEET/BUDGET FORECAST

STUDENT'S NAME: _____

SSN: _____

UNIVERSITY: _____

DATE: _____

1. Student marital status: () Married () Single () Divorced
 2. Student is: () Dependent () Independent

I give permission for the university to release financial and academic information to the Arctic Education Foundation.

Student Signature: _____

Date: _____

Address: _____

Telephone: _____

TO BE FILLED BY SCHOOL FINANCIAL AID OFFICE ONLY

Sept 20 ____ to June 20 ____

(PLEASE fill Expenses portion even if Other Resources information is unavailable.)

School/University calendar runs on:

BUDGET FORECAST

Expenses

Tuition.....	\$ _____	_____ Fulltime
Fees.....	\$ _____	_____ Parttime
Books.....	\$ _____	
Room.....	\$ _____	
Board.....	\$ _____	
Other (Specify).....	\$ _____	
TOTAL BUDGET:.....	\$ _____	

- () semesters
 () quarters
 () other _____

NEED cannot be determined because:

OTHER RESOURCES:

20

20

20

TYPE of AID

FALL

WINTER

SPRING

TOTAL

		FALL	WINTER	SPRING	TOTAL
Grants	Institutional Scholarship				
	Other Scholarships				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veteran's Benefits				
	Other (specify)				
Loans	Alaska Student Loan				
	Perkins Loan				
	Guaranteed Student Loan				
Personal	AFDC or Welfare				
	Parent/Spouse Contribution				
	Student Contribution				
	Work Study Program				
	Other (Specify)				
TOTAL RESOURCES:					
Unmet Need:					

Date: _____

Financial Aid Officer Signature: _____

e-mail address: _____

School/University: _____

Fax Number: _____

School Address: _____

Phone #: _____

NAME: _____ SSN: _____

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Determination of Eligibility

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. (Signed) _____

VERIFICATION OF MEMBERSHIP IN ELIGIBLE CLASS – check one

1) _____ I am a Northern Alaskan Inupiat Native of at least $\frac{1}{4}$ 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.

If you checked 3) choose one of the following:

_____ 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, AGE & CITIZENSHIP REQUIREMENTS

Name of school and address where **High School Diploma** (will be) attained: _____

NAME OF HIGH SCHOOL: _____

ADDRESS: _____

MONTH/YEAR GRADUATED: _____

GED ISSUED: _____ STATE: _____ YEAR: _____

VERIFICATION OF AGE, RESIDENCY AND 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)

Deadline dates: August 1; December 1; March 1; June 1

Submit your application at least by the deadline date *prior* to the start date of classes each school year.

GENEALOGY for Eligibility Determination

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

Include copies of birth certificates for all non-ASRC shareholders.

Your Name	
Father	Paternal Grandfather
	Great-grandfather
	Great-grandmother
Mother	Maternal Grandfather
	Great-grandfather
	Great-grandmother
	Paternal Grandmother
	Great-grandfather
	Great-grandmother
	Maternal Grandmother
	Great-grandfather
	Great-grandmother