



NOME ESKIMO COMMUNITY
TRIBAL SERVICES PROGRAM
P.O. BOX 1090
NOME, AK 99762
PHONE (907) 443-9112
FAX (907) 443-9144



HIGHER EDUCATION SCHOLARSHIPS for High School Students

Higher Education provides scholarship funds to students who pursue secondary education by enrollment in an Associate or Bachelor degree program. Scholarships are made available to students enrolled in a Masters Degree program based on availability of funds.

These scholarship funds are supplemental, therefore, applicants must apply for all other available funding sources that include but are not limited to: state, federal, local and private financial aid as well as utilize student and family resources to contribute to their educational costs. It is the responsibility of the applicant to apply for these other funds. Nome Eskimo Community (NEC) will not provide assistance to cover the total financial need of students.

Credit Requirements

Full-time students must enroll for a minimum of twelve (12) credits per semester, ten (10) credits per quarter or the number of credits the school requires for full-time status. Part-time students must enroll for a minimum of six (6) credits. Funding for part-time status is limited to tuition, fees & books only. Students who are enrolled for less than six (6) credits will be considered on a case-by-case basis.

Should a student receive an Incomplete (I) and/or Deferment (D) during a term, this results in non-compliance of credit requirements. Students must fulfill credit requirements during the term a scholarship was awarded. Should the student complete the required work at a later date, and receive a passing grade, it does not constitute successful completion of the term for which the Incomplete and/or Deferment was received.

Students who withdraw during a term which they received a scholarship for must provide written documentation stating the reason for withdrawal. If the student does not notify the program, they are ineligible to reapply until successful completion of a term with other resources. If the withdrawal is due to circumstances determined to be justifiable (i.e.: medical, death in family), the student may be placed on probationary status for the upcoming term. If the student withdrew for reasons determined non-justifiable, they are ineligible to reapply until successful completion of a term with other resources (i.e.: attendance problems or not completing assignments).

Grade Requirements

Students must have graduated/will graduate from high school with at least a 2.00 Grade Point Average (GPA) preceding the term in which the student is requesting funding.

Probation

If a high school student applies to the program with a GPA that is lower than a 2.00, that student will enter the program in Probationary Status and will be awarded a Probationary scholarship. This student must complete their next term, completing at least 12 credits, with a GPA of 2.00 to be eligible for continued funding. Should the student fail to meet minimum requirements upon completion of the probationary term, they will be suspended from the

program. Upon suspension, the student is ineligible to reapply for further scholarships until successful completion of a term with other resources. Upon reinstatement of services, the student must maintain academic progress by meeting credit and GPA requirements, or services may be terminated.

Continued Funding

Once an application is approved and the student establishes "continuing student" status, the student becomes eligible to apply for continuing scholarships until they obtain a degree, so long as academic progress and good standing is maintained by meeting credit and GPA requirements.

Eligibility Criteria

- 1) Tribal member of Nome Eskimo Community. Those enrolled to any other federally recognized Tribe must apply with their Tribe.
- 2) Accepted into a degree program at a nationally recognized accredited institution.
- 3) Applicant must demonstrate a financial need after other financial resources are obtained.

Application Deadlines

- Fall Semester/Autumn Quarter..... April 15
- Spring Semester/Winter Quarter..... December 15
- Spring Quarter.....February 15
- Summer Term.....May 15

When late applications are not approved, the program will notify the applicant of their option to have their application pending for the upcoming term.

Application Requirements (Applicants Must Submit the Following Documents)

- 1) Complete Tribal Services Higher Education Application for High School Students.
- 2) Official high school transcripts.
- 3) High School Diploma/General Education Diploma certificate. Applicants who attend high school that did not pass the exit exam will be considered on a case-by-case basis.
- 4) Letter from applicant stating: what school student will be attending, term(s) (i.e. spring, summer, fall), class standing, major area of study, projected graduation date and personal goals.
- 5) Copy of admissions letter that reflects the degree program the applicant was accepted in by the school.
- 6) School registration.
- 7) Two (2) letters of recommendation.
- 8) Current photograph of applicant.
- 9) Contact information for next of kin (name, address, and phone number).

Applications are not complete until all required documents are received. It is the applicant's responsibility to ensure that all required documents are submitted and received. Tribal Services staff adheres to the application deadlines in place.

It is the student's responsibility to submit their grades within one month's completion of each term. Scholarships for the upcoming term will not be approved until grades are received by the program.

OTHER FINANCIAL RESOURCES

REGIONAL SCHOLARSHIPS

Bering Strait Foundation
(BSNC shareholders/descendants)
P.O. Box 1008
Nome, AK 99762
Phone (907) 443-5252
www.beringstraits.com

Sitnasuak Foundation
(SNC shareholders/descendants)
P.O. Box 905
Nome, AK 99762
Phone (907) 443-2632

Norton Sound Health Corporation
(Health Professions)
P.O. Box 966
Nome, AK 99762
Phone (907) 443-3311
www.nortonsoundhealth.org

Norton Sound Economic Development Corporation
(Bering Straits Residents only)
P.O. Box 193
Unalakleet, AK 99684
Phone (907) 642-3190
www.nsedc.com

STATE PROGRAMS

Alaska Student Loan
Alaska Commission on Postsecondary
Education
3030 Vintage Boulevard
Juneau, Alaska 99801-7109
1-800-441-2962
www.state.ak.us/acpe

Contact your school's financial aid office for additional resources.

EDUCATION INFORMATION

Applicant Name: _____ SSN: _____

Date of Birth: _____

High School You Will Graduate From:

School Name: _____

P.O. Box, City, State, Zip Code: _____

Phone: _____ Fax: _____

Type of Education: _____ Dates Attended: _____

Did you pass the High School Exit Exam: Yes No

Graduation Day: _____

College or University You Plan to Attend:

College or University Name: _____

Address, City, State, Zip Code: _____

Phone: _____ Fax: _____

Major Field of Study or Emphasis: _____

Type of Degree or Certificate pursuing: AA / AAS BA / BS MA / MS Other: _____

Type of Term System this College/University operates on : Weekly Monthly Quarter

Trimester Semester Other: _____

Term & Year You are Applying For: Fall _____ Spring _____ Summer _____

Start Date: _____ Completion Date: _____ Credits Enrolled: _____

Projected Graduation Date: _____

Where would you like your Continuing Scholarship application mailed?

Address While in School Permanent Address

Your Mailing Address During School (if available):	Your Permanent Mailing Address:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail:

STUDENT BUDGET

Applicant Name: _____ SSN: _____

List each source of federal or state financial aid applied for this term:	Received	Denied	Pending	Date Received	Amount
					\$
					\$
					\$
					\$

List each scholarship applied for this term:	Received	Denied	Pending	Date Received	Amount
					\$
					\$
					\$
					\$

FORM INSTRUCTIONS

1. List all financial aid that you applied for in the first set of boxes. Update staff on any pending aid you receive after this budget is submitted.
2. List all scholarships you applied for in the second set of boxes. Update staff on any pending scholarships you received after this budget is submitted.
3. Calculate the totals for student funds and costs to determine unmet need.

Please contact the Tribal Services staff if you have any questions concerning the student budget form.

By signing below, you certify that the information is true and correct to the best of your knowledge and you agree to update the Tribal Services staff on any pending amounts documented on your Student Budget after submission.

Total Aid and Scholarships	\$
Student Contributions	\$
Parents or Spouse Contribution	\$
TOTAL STUDENT FUNDS	\$

School Related Costs for this Term:

<input type="checkbox"/> Instate <input type="checkbox"/> Out of State	Tuition	\$
	Books	\$
	Fees	\$
	Supplies	\$
	Room	\$
	Meals	\$
	Transportation	\$
	Other	\$
	TOTAL COSTS	\$

TOTAL UNMET NEED FOR STUDENT	\$
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Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: education transcripts, class schedules/student registration, billing information, academic status or other pertinent student information. I understand that this information will be used solely for the administration of the NEC Tribal Services Program and will not be released to any other person or agency outside NEC. I understand that copies of this authorization will be as valid as the original and that this authorization will be valid for the remainder of the current calendar year from the signature date.

I understand that as needed, the space below will be utilized to submit written requests of verification from the appropriate business to process my application and complete a determination, and prior to NEC Tribal Services requesting verification I will be contacted and notified of what type of verification will be requested; however, if efforts to contact me are unsuccessful, the request will be made to expedite the processing of my application determination and staff will continue efforts to contact me until I am notified.

Printed Name

Social Security Number

Signature

Date
