



Inupiat Community of the Arctic Slope  
an IRA Regional Tribal Government  
PO Box 934 Barrow, Alaska 99723  
Phone: (907) 852-4227 | 1 (888) 788-4227  
Fax: (907) 852-4246

## ICAS Scholarship Application For Continuing Student Financial Aid Request

I \_\_\_\_\_ am a full time student currently enrolled at

**School Name and address** \_\_\_\_\_

**College Status: I am a:** Freshman    Sophomore    Junior    Senior

I have submitted an ICAS Scholarship Application with the necessary attachments to the Social Services Department. I would like to be considered for financial aid assistance for the \_\_\_\_\_ semester of the year \_\_\_\_\_. My major is \_\_\_\_\_, my minor is \_\_\_\_\_ with expected graduation date of \_\_\_\_\_.

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**Fall Semester** continuing application must have the following items to be determined complete: FAFSA /Financial Aid, Previous Semester Grades, Class Registration \* Fall Documents are to establish the full academic school year. If there are any changes in any documents listed above those changes need to be reported and submitted to update student record.

**Spring Semester** continuing applications must have the following items to be determined complete: Grades

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\_\_\_\_\_  
**Student Signature**

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

Student's Permanent Address

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

Permanent Phone No  
address

\_\_\_\_\_  
\_\_\_\_\_ Student's  
Student's Permanent Email

Student's Temporary Address

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

Student's Temporary Phone No

Student's Temporary Email Address

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

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This student has provided all necessary documentation and qualifies to be considered for a Scholarship.

\_\_\_\_\_  
Director or Program Specialist Signature

\_\_\_\_\_  
Date

## RELEASE OF STUDENT INFORMATION

I, \_\_\_\_\_, authorize the institution listed below to release and/or share information regarding financial aid assistance, for the purpose of evaluating my higher education application for services requested through the \_\_\_\_\_ semester/quarter. I understand that the information released will be treated in a confidential manner and will not be released to other persons or agencies without my specific authorization.

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Student ID: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Contact Name/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please fax this information to: Inupiat Community of the Arctic Slope (ICAS) Social Services Department: Fax: 907-852-2449

Please Fax the following:

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**This form is for the entire academic year or training period-Please notify if any changes**

**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 Inupiat Community of the Arctic Slope.

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 | ( ) semesters   |
| Fees.....                 | \$ _____        | _____ Parttime | ( ) quarters    |
| Books.....                | \$ _____        |                | ( ) other _____ |
| Room.....                 | \$ _____        |                |                 |
| Board.....                | \$ _____        |                |                 |
| Other (Specify).....      | \$ _____        |                |                 |
| <b>TOTAL BUDGET:.....</b> | <b>\$ _____</b> |                |                 |

**NEED** cannot be determined because:**OTHER RESOURCES:**

20\_\_\_\_

20\_\_\_\_

20\_\_\_\_

TYPE of AID

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 #: \_\_\_\_\_