



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

To better assist our Clients, here is a check off list of the following items that needs to be completed and returned to the Social Service Department.

Applying for: Higher Education (Scholarships).....

Please make sure that your application is complete. The following items are needed for a complete application in order for your case to be reviewed and worked.

Basic Eligibility Conditions

1. Must be at least one-fourth or more Indian/Alaskan Native
2. Must be an enrolled tribal member of a federally recognized tribe.
(In accordance with Code of Federal Regulations, Section 27.1(J))

Please check off the following items once completed.

Client's Information

Tribal Enrollment Number.....
Completed Scholarship Application.....

Provided by the Client

Financial Need Sheet.....
Copy of High School Transcripts.....
Previous College Grades.....
College/University Acceptance Letter.....
FAFSA Application.....
Brief Summary of Goals, Plans, & Objectives.....
Three (3) Letters of Recommendations.....
Class Registration.....

Semester Deadlines

December 15th

Spring Semester

May 15th

Summer Semester

August 15th

Fall Semester

Quarterly Deadlines

March 15th

Spring Quarter

May 5th

Summer Quarter

August 5th

Fall Quarter

December 5th

Winter Quarter

There will be no exceptions for late applications.

XVI PRIORITY FOR FUNDING

In the event that the Workforce Development Office encounters funding problems, priority for

Consideration for funding will be given to Tribal members who are residents of Native Village of Point Lay and Naqsrarmiut tribe of Anaktuvuk Pass area.

1. Scholarship applicants who are Point Lay and Anaktuvuk Pass High School senior residents
2. Scholarship for tribal members who are born and / or reside out of Alaska are limited to
3. \$ 500.00 per term
4. Continuing Students
5. New applicants
6. Re-applying students – those previously funded who withdrew for various reasons and are eligible to reapply

XVII. OTHER FUNDING SOURCES

During the process of preparing for college, it is crucial that students apply for financial aid from other sources. The funds that they receive from the Inupiat Community of the Arctic Slope are not enough to meet their college expenses.

They can write to the following to request applications for funding from the college or university they will attend:

1. FEDERAL PROGRAMS (ADMINISTERED BY COLLEGE FINANCIAL AID OFFICE)

A. Grants

1. Pell Grant – up to \$ 3,750.00
2. Supplemental Educational Opportunity Grant (SEOG) up to \$ 4,000.00

B. Loans

1. Perkins loan \$ 4000.00 or undergraduates and \$ 6000.00 for graduate.
2. Stafford loan \$ 2,625.00 to \$ 18,500.00 depending on grade3 level.
3. PLUS Loan cost of attendance minus any other financial aid received

C. College Work Study

1. No maximum, can work up to 20 hours per week
2. **STATE PROGRAMS (ADMINISTERED BY THE STATE OF ALASKA)**

- A. Alaska State Students Loan Program-

7.8 % interest; \$ 8,000.00 for undergraduates; \$ 9,500.00 for graduates.

- B. Teacher Scholarship Loan

7.8 % interest; \$ 7,800.00

- C. Family Education Loan

3% interest; \$ 8,500.00

- D. Winn Brindle Memorial Loan

5% interest, costs related to education

3. **SCHOLARSHIP PROGRAMS (SUCH PROGRAMS OFFERED BY THE STUDENT'S REGIONAL NATIVE CORPORATION OR VILLAGE CORPORATION AND ALASKA NATIVE TRIBAL HEALTH CONSORTIUM)**

- A. Students may also contact their College Financial Aid Officer to inquire about career-oriented scholarship.

XVIII. HEALTH SERVICES

Health Service should be arranged while the student is away at school. If leaving Alaska, they should write to:

Alaska Native Tribal Health Consortium

Contact Health Services

4325 Diplomacy Drive

Anchorage, Alaska 99508

(907) 729-2470

Students will need to inform ANTHC on where they will be attending school. ANTHC will then inform the students of steps they must take to obtain health services in the Lower 48 students may need to inquire about student's health insurance at their college or university. They should find out if they are eligible for Indian Health Services in the area. It is important to do this right away to be prepared in case in an emergency.

By signing this document I certify that I fully understand that if in the event that I do not complete the semester by dropping out or withdraw, that I must return the awarded amount back to Inupiat Community of the Arctic Slope, furthermore, I understand that this can affect my future financial assistance requests for financial aid scholarship.

I also understand that If do not return these funds I will not be awarded Higher Education funds until all past due funds are returned to Inupiat Community of the Arctic Slope.

DROP OR WITHDRAL

1. All awarded funds will need to be reimbursed back to the Inupiat Community of the Arctic Slope if a student decides to drop out of courses and does not complete the semester.
2. If Student fails to have funds reimbursed to Inupiat Community of the Arctic Slope student will not be awarded for future funds.
3. Inupiat Community of the Arctic Slope will be billing the student.

Signature of Student

Date

Signature of Social Service Staff or Director

Date

A. STUDENT RESPONSIBILITIES

1. Apply for financial aid from the college selected, and any other sources for which they may be eligible: Veteran benefits, Alaska Student Loan Program, Private and Foundation Scholarships and / or Family Contributions.
2. Signing up for a room on campus and paying the deposit early, or arranging for housing which is suitable to their needs and ability to pay.
3. Checking with the Campus Financial Aid Officer about their scholarship grant during registration.
4. Sending a copy of grades or transcripts to this office at the end of each term.
5. Maintain good standing of 2.25 GPA or better.
6. Notify this office of any changes in address or plans regarding school.
7. Talking to career counselor if they are having academic difficulties. There are usually support groups on campus which students may contact for advice and problems.
8. Notifying this office UPON GRADUATION. This office needs to be notified what the major or minor the student receives.

XV. APPLICATION PRCEDURE

In order to apply for a scholarship grant, students, MUST

1. Inform us as soon as they have been admitted to the college of choice
2. Apply for financial aid at the college to which they are applying to.
3. Apply for Federal Student Aid (FAFSA) every year and send it to the Federal Student Aid Program. They will need to have copies sent to the schools they plan to attend.
4. Workforce Development General Application – Release of Information forms must be signed and dated.
5. Verification of Tribal membership – copy of a BIA card or Tribal verification letter.
6. Official high school or college transcripts or GED certificate. If High school transcripts do not reflect graduation, submit a copy of high school diploma.
7. Letter stating school student will attend term(s), classes standing, and major area of study, projected graduation date, personal goals.
8. Copy of school admissions letter.
9. Three letters of recommendation
10. Current photograph ID of applicant.

Applications are not complete until the application and all required documents are received. It is the applicant's responsibility to ensure that all required documents are submitted and received. Incomplete applications will not be considered for funding. Complete applications are reviewed in the date order they are received, and approved following the priority for funding.

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:

Signature of Student

Date

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

IñUPIAT COMMUNITY of the ARCTIC SLOPE
an IRA Regional Tribal Government

P.O Box 934 • Barrow, Alaska 99723
Ph: (907)852-4227 or 1(888)788-4227 Fax: (907)852-4246



ICAS Scholarship Application

Deadlines:	I am applying for:	Year: 20 _____
August 1 st	<input type="checkbox"/> Fall	• Your FALL application will cover the full academic year IF your need sheet covers the full academic year. • Apply by the deadline date prior to start of term.
December 1 st	<input type="checkbox"/> Spring/Winter	
March 1 st	<input type="checkbox"/> Early Summer/Early Summer	
June 1 st	<input type="checkbox"/> Summer	

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 _____
Tribal ID # _____	Cell/Message Phone _____

Section 2: University/Training Institution

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

Section 3: College Status

I am a:	Type:	I will attend:
<input type="checkbox"/> Freshman	<input type="checkbox"/> Training	<input type="checkbox"/> Full time
<input type="checkbox"/> Sophomore	<input type="checkbox"/> College	<input type="checkbox"/> Part time - credits: _____
<input type="checkbox"/> Junior	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Senior		I will live:
<input type="checkbox"/> Other _____		<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.

Required I hereby attest that **all** the information I have provided to ICAS 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 ICAS** 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 Inupiat Community of the Arctic Slope 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.

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:

Inupiat Community of the Arctic Slope, P.O. Box 934, Barrow, AK 99723 Fax: 907.852.2449

If you have any questions, feel free to email ICAS Social Services Director: social@inupiatgov.com

Inupiat Community of the Arctic Slope. is an IRA Regional Tribal Government and is bound by BIA's Funding Guidelines..

NAME: _____ SSN: _____

Inupiat Community of the Arctic Slope

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.

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)..... \$ _____

TOTAL BUDGET:..... \$ _____**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 #: _____