

CHITINA NATIVE CORPORATION

P.O. Box 3

Chitina, Alaska 99566

Telephone: (907) 823-2223 Fax: (907) 823-2202

SCHOLARSHIP APPLICATION

Name <i>Last, First MI</i>	<i>Maiden</i>	Social Security No.	Date of Birth
-----------------------------------	---------------	----------------------------	----------------------

Permanent Mailing Address <i>City or Town</i> <i>State</i> <i>Zip Code</i>	Send Check To <input type="checkbox"/>	Permanent Telephone No. () ()
---	--	---

Current Mailing Address <i>City or Town</i> <i>State</i> <i>Zip Code</i>	<input type="checkbox"/>	Current Telephone No. () ()
---	--------------------------	---

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Number and Ages of Dependents	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--------------------------------------	---	--

Regional Native Corporation	Village Corporation	Degree of Native Blood
------------------------------------	----------------------------	-------------------------------

Graduating High School Name _____ Address _____ _____	Type of High School <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> BIA <input type="checkbox"/> Mission Graduation Date: _____	GED _____ State _____ Date _____
---	---	---

Past College(s)	Address(es)	Dates Attended	Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Academic Year (check one)
UNDERGRADUATE YEAR: Freshman Sophomore Junior Senior 5th Year
GRADUATE YEAR: 1st 2nd 3rd 4th

Name and Address of School You Will Be Attending
Name: _____ Address: _____

Type of School <input type="checkbox"/> Junior College <input type="checkbox"/> Private/Sectarian <input type="checkbox"/> University/4-year College	School Calendar System <input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Quarter
---	---

Major Course of Study (please specify)	Degree Sought (Associate, BA, BS, MA, etc.)	Estimated Date of Graduation Month _____ Year _____
--	---	---

Residency <input type="checkbox"/> With Family <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus	Student Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Attendance Period for Application: From: Month _____ Year _____ To: Month _____ Year _____
--	---	---

CONTINUED

Estimated Expenses for Attendance Period

Cost of Education		Personal Expenses	
Tuition	\$	Housing (other than dorm) <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage	\$
Books / School Supplies	\$	Transportation	\$
Registration Fees	\$	Food	\$
Parking Fees	\$	Personal	\$
Lab Fees	\$	Clothing Expense	\$
Dorm Room/Meal Plan	\$	Child Care Expense	\$
Other (Supplies)	\$	Other - Utilities	\$
Total Cost of Semester Education	\$	Total Personal Expenses	\$

Estimated Resources for Attendance Period

Personal Support		Awards / Grants	
Earned Income / Savings	\$	BIA Grant	\$
Parent or Spouse Support	\$	PELL Grant	\$
Child Support / Child Assistance	\$	College Scholarships (potential)	\$
Social Security	\$	Tribal Assistance (potential)	\$
Loans (specify) Federal Stafford Subsidized	\$	Tuition Exemption	\$
Others (specify)	\$	Others (specify) TAA Grant	\$
	\$		\$
Total Personal Support	\$	Total Awards Grants	\$

Grand Total Expenses	\$	Grand Total Resources	\$
-----------------------------	-----------	------------------------------	-----------

My signature below certifies that I have read, understand and agree to the conditions and authorization stated in the 'Scholarship Policies' for the Chitina Native Corporation Scholarship. I understand that any misrepresentation of facts on this and the preceding page may result in the revocation of my scholarship.

Signature _____

Date _____