

Togiak Village Scholarship Fund
%Togiak Natives Limited
P.O. Box 150
Togiak, Alaska 99678

HIGHER EDUCATION SCHOLARSHIP FUND APPLICATION

Complete and return to: Togiak Village Scholarship Fund% Togiak Natives Limited, P.O. Box 150 Togiak, Alaska 99678

All information requested is voluntary, however failure to fully complete all applicable parts may result in delays of processing this application or make impossible to process at all.

Deadline for

Fall Semester: May 15th; Spring Semester: October 15th; & Summer Semester: March 15th

Name: _____
Last First Middle Maiden
Address _____ Telephone _____
Street City State Zip Code
Date of Birth: _____ Sex: ___ Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___
No. of Dependents: _____ Veteran ___ yes ___ no State of Residency: _____
Tribal Affiliation: _____ Enrollment No: _____
Home Agency & Address of High School: _____
Type of School: ___ BIA ___ Tribal ___ Private ___ Mission ___ Public ___ CED/Graduation Date: _____
APPLICATION REQUEST: 20__ - 20__
___ Academic Year ___ Fall Only ___ Spring Only ___ Summer Enrollment Status: ___ Full-time ___ Part-time
Name & Address of College Selected: _____
College Major: _____ Expected Graduation Date: _____
Expected Degree: ___ AA ___ BA ___ BS ___ MA ___ Other: _____
Year in College: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate
I will live: ___ on campus ___ off campus ___ with parents ___ self
Have you received Togiak Village Scholarship Fund before? ___ Yes ___ No If yes, what year? _____
Number of Semester Hours earned: _____ Number of Quarter Hours earned: _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funds I receive under Togiak Village Scholarship Fund Policy solely for purposes connected with attendance at:
Name of Institution: _____

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PRIVACY ACT AND PAPERWORK REDUCTION STATEMENT

This information is provided pursuant to Togiak Village Scholarship Fund Policy. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required of the Togiak Village Scholarship Committee. Response to this request is required to obtain a benefit.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the "release of this information" to necessary agencies to complete my financial aid package. I request that any Togiak Village Scholarship fund awarded to be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Togiak Natives Limited Office at the end of each term.

Signature of Student _____ Date: _____

