Aleut Community of St. Paul Island
Tribal Government
Higher Education Scholarship Application

2050 Venia Minor Road
P.O. Box 86
St. Paul Island, Alaska 99660

SCHOLARSHIP APPLICATION CHECKLIST
To process your application in a timely manner, the following information is necessary. To make sure all information is submitted, please use this checklist. Please double check to see that all information is complete and you have signed where indicated. All of these items must be submitted in order for your application to be considered complete.
☐ Personal Goal Statement/Letter of Intent Including Future Plans ☐ Letter of Acceptance *(Applies to 1st applicant or transfer to new school.)* ☐ Copy of Transcripts ☐ Two Letters Of Recommendation From Non-Family Members ☐ Class Schedule ☐ Release of Transcript Authorization ☐ Refund of Scholarship
The Aleut Community of St. Paul Island will notify you of any additional requirements or information needed in order to complete the scholarship application.
CONTINUING STUDENTS CHECKLIST
☐ Application for Continuing Students ☐ Most Recent Grades/Transcripts ☐ Class Schedule ☐ Release of Transcript Authorization Form ☐ Refund of Scholarship Form
Upon completion, mail or deliver to:
Aleut Community of St. Paul Island - Bering Sea Campus PO Box 86 St. Paul Island, Alaska 99660

Note: Completed applications need to be turned into the Bering Sea Campus by the indicated semester deadline. Incomplete applications will not be considered by the Scholarship Committee.

HIGHER EDUCATION SCHOLARSHIP APPLICATION

Semester applying for:	☐ Fall ☐ Spring	School Year:	
Student Information Sheet			
Name:			
Physical Address:			
Mailing Address:			
Email Address:			
Contact Number:			
Date of Birth		Social Security #:	
Tribal Enrollment Number:			
Gender:	☐ Female ☐ Male	Marital Status:	
Address While Attending School:			
Type of Program You Are Enrolled In:			
☐ Associates Degree ☐ Bachelors Degree ☐ Masters Degree ☐ Other:			
Major:		Minor:	
Degree/Major/Standing:			
Expected Graduation Date:			
Current Status:			
☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ 1st year graduate student ☐ 2nd year graduate student ☐ Not sure/Does Not Apply			
Credits/Hours Enrolled This Semester:			
Total Credits Earned to Date:			
Total Credits Required to Graduate:			
Other degrees(s), Vocational Education Certification or work related skills:			
Interests and Hobbies:			
Extra-Curricular Activities:			
Volunteer Experiences:			

School Information			
Name of School:			
Financial Aid Address:			
Phone Number for Financial Aid Office:			
Financial Assistance Information (List all other funding applied for:)			
Organization	Amount	Date Applied	Amount Received
Total:	$		$
Student Budget Information			
Student Resource		Tuition	
Relative/Parent's Contribution		Books	
VA Benefits		Supplies	
Federal Student Loan		Room & Board	
Alaska Student Loan		Transportation	
		Other expenses	
Total Resources:		Total expenses:	
Scholarship Amount Requesting:			
To the best of my knowledge I have read and submitted all documents required for this scholarship application. I hereby authorize the release of information to the Aleut Community of St. Paul – Tribal Government to assist me in obtaining financial support.			
Applicant's Signature			Date

RELEASE OF TRANSCRIPT AUTHORIZATION FORM

To be Completed by Applicant

Student Name on College Records:	
Social Security Number or Student ID:	
Date of Birth:	

I hereby authorize the release of my transcript from _____ to the Aleut Community of St. Paul – Tribal Government for the purpose of determining by scholarship eligibility and award.

Student's Signature	Date

Release of Transcript Authorization

To be Completed by ACSPI-Tribal Government-Bering Sea Campus

To:

To Whom it May Concern:

Please provide one (1) official transcript to the Aleut Community of St. Paul Island for the purpose of determining scholarship awards to the following address:

Aleut Community of St. Paul
Tribal Government - Bering Sea Campus
PO Box 86
St. Paul Island, AK 99660

Sincerely,

Higher Education Representative	Date

SCHOLARSHIP REFUND FORM	
I hereby agree that if I fail to complete the school term or otherwise fail to comply with the requirements for eligibility for the term/semester I received a higher education scholarship hereunder, I will promptly repay to the Aleut Community of St. Paul Island – Tribal Government the scholarship amount received and notify the higher education coordinator of such changes. I acknowledge this provision will not apply if I take a leave of absence from school and said school approves the leave in advance. I hereby direct that, if I cannot repay the scholarship, the Scholarship Committee may obtain, at its discretion, such refund from my Alaska Permanent Fund Dividend if necessary.	
Name of College or University	
Student's Signature	Date