



CITY OF UTQIAGVIK

"Farthest North Incorporated City"

Eben Hopson Sr. Memorial Scholarship Application

Application Deadlines:

Fall Semester (12+ Credits): August 15th

Winter/Spring Semester (12+ Credits): December 15th

Summer Semester (6+ Credits): May 15th

Dear Applicants,

Please read all information and instructions before submitting your applications. All documents must be completed and submitted by the following deadlines in order to be eligible for funding. Scholarships are provided to **FULL TIME STUDENTS**. *It is the applicant's responsibility to follow up on the application process to ensure the Scholarship Administrator has received all documentation.*

Your application will not be processed if you do not submit the specific requirements below:

Scholarship Applicant Requirements

Please complete the following:

1. Letter of Acceptance
2. Three letters of recommendation (initial applicants)
3. Financial Need Sheet/Budget Forecast
4. High school transcripts or most recent college transcript
5. Current grades from the semester/term
6. Biographical statement
 - a. No less than one page and no more than two pages
 - b. Summary about yourself
 - c. Summary of your academic standing and semester summary
 - d. Note intention to return to Utqiagvik and how you plan to give back to your community.
7. Proof of residency document (utility, phone, cable bill, or State ID/license)

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, E-mail or fax completed application and all required paperwork to: **City of Utqiagvik | PO BOX 629 | Utqiagvik, AK 99723**
Email: scholarships@utqiagvik.us 907-852-5211



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Eben Hopson Sr. Memorial Scholarship Application

Name of Applicant: _____
First Middle Last Suffix

I am applying for: Fall Spring/Winter Summer Year: 20_____

Personal Information

Applicant Mailing Address
Applicant Physical Address:
City/State/Zip:
Student ID:
Date of Birth:
Home/Cell Phone:
E-Mail Address:
Length of Residency: _____ Years _____ Months (reminder to submit a proof of residency)

School Information

Name of School:
Physical/Mailing Address:
City/State/Zip:
Phone Number: _____ Fax Number: _____
Program of Study:
Diploma/Certification Goal (Please Circle): <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Vocational/Trades <input type="checkbox"/> Other
I am a: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.
Expected Graduation Date: _____

Signature of Applicant

Date

**Typed signatures will not be accepted. Signatures must be ink signature or digitally encrypted signature

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Eben Hopson Senior Memorial Scholarship | Financial Aid/Budget Forecast

<p>Financial Aid Office: Please complete this form and return it to the Eben Hopson Memorial Scholarship Administrator, Please fill Expenses portion even if Other Resource information is unavailable.</p>					
Budget Forecast		Expenses		Student is: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time	
Tuition	\$		School calendar runs on:		
Fees	\$		<input type="checkbox"/> Semesters	# of Semesters _____	
Books	\$		<input type="checkbox"/> Quarters	# of Quarters _____	
Room & Board	\$		<input type="checkbox"/> Other _____		
Other: (Specify) _____	\$		Need cannot be determined because: _____		
_____	\$		_____		
TOTAL BUDGET:	\$		_____		
Other Resources	20 _____	20 _____	20 _____		
TYPE OF AID		FALL	WINTER/SPRING	SUMMER	TOTAL
GRANTS	Institutional				
	Other Scholarships				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veteran's Benefits				
	Other (Specify)				
LOANS	Alaska Student Loan				
	Perkins Loan				
	Guaranteed Student				
PERSONAL	AFDC or Welfare				
	Parent/Spouse				
	Student Contribution				
	Work Study Program				
	Other (Specify)				
				Total:	
FAO Name:				Unmet Need:	
Email			Phone		
Address			Fax		
FAO Signature			Date		