



CITY OF UTQIAGVIK

“Farthest North Incorporated City”

EBEN HOPSON SR., MEMORIAL SCHOLARSHIP APPLICATION FORM

P.O BOX 629 UTQIAGVIK, ALASKA 99723 PHONE: 907-852-5211 FAX: 907-852-5871

EMAIL: scholarships@utqiagvik.us

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. Friendly reminder that the City of Utqiagvik only offers scholarships to **FULL TIME STUDENTS ONLY**. It is the applicant’s responsibility to follow up on the application process to ensure the Scholarship Administrator has received the documents. **Your application will not be processed if you do not meet the specific requirements below:**

Applicant Checklist:

- Current Grades-Semester/Term
- High School Transcripts (INITIAL APPLICANTS)
- Letter of Acceptance (INITIAL APPLICANTS/TRANSFER STUDENTS)
- 3 Letters of Recommendation (INITIAL APPLICANTS)
- Financial Need Sheet authorization signed & given to Institutes/College Financial Aid Office (ALL APPLICANTS)
- Completed FAFSA (ALL APPLICANTS: *screenshot*)
- One (1) Proof of Utqiagvik Residency Document, (*Minimum of 30 Days: State I.D Card, Utility Bill, Phone bill, etc.... ALL APPLICANTS*)

Biographical Statement (ALL APPLICANTS)

- Not less than one (1) page and not more than two (2) pages about yourself and your future goals and intent to return or remain in Utqiagvik upon completion of education;
- Summarize your future academic and professional goals; (ex: What is your future plans? What do you see for our future in Utqiagvik, and how will you plan to benefit our community?)
- (Renewal Students) Summarize your academic standings; how your semester came along, what were your accomplished goals during your semester and what you look forward to the next semester?

Completed Scholarship Application, *MUST BE SIGNED & DATED*

Length of Residency in Utqiagvik: _____ Years _____ Months

Did you complete the FAFSA forms? (Please circle that applies, attach screenshot showing completed)

Yes No Other: _____



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Name of Applicant: _____

First

Middle

Last

Semester Applying For: _____

(You must be a full time student to qualify, please reference page 1 for credit qualifications)

School Information

School Contact Person:			
Name of School:			
Physical/Mailing Address:			
City/State/Zip:			
Phone Number:	Fax Number:		
Program of Study:	Online/On Campus:		
Diploma/Certification Goal (Please Circle):			
<i>Associates Degree</i>	<i>Bachelor's Degree</i>	<i>Vocational</i>	<i>Other:</i>

Personal Information

Full Name:
Permanent Mailing & Physical Address:
City/State/Zip:
Social Security Number:
Date of Birth:
Home/Cell Phone:
E-Mail Address:

References *(INITIAL APPLICANTS: Must Provide 3 Letters of Recommendation with Application)*

Name	Address	Phone Number

Signature: _____ **Date:** _____

(Note to Applicant: Information provided by applicant is kept confidential and release of personal information is not provided without consent of the applicant.)



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Financial Need Sheet/Budget Forecast

Student: Fill out this top portion ONLY and submit it to your school's Financial Aide Office so they can send it to us.

Name: _____ SSN: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Financial Aide 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.				
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
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	
FAO: Please fax to 907-852-5871 or mail to: EHMS, P.O. Box 629, Barrow, AK 99723				