

Aleutian Pribilof Island Community Development Association
Emil Berikoff, Sr. Memorial Scholarship Application Form
Review application instructions before completing form

I. Personal Information

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Soc. Sec. #: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Address at school: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Message Phone: (____) _____

Email: _____

APICDA Community: Akutan Atka False Pass Nelson Lagoon Nikolski St. George Unalaska

Have you applied for an APICDA Scholarship before? Yes No If Yes, when? _____

Do you plan to return to the APICDA Region after college? Yes No

II. Previous School Information

<u>Name of Institution:</u>	<u>Dates Attended:</u>	<u>Hours or Credits:</u>	<u>Program of Study:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. School Information:

Name of College or University You Plan to Enter: _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

<p>Class Status</p> <input type="checkbox"/> Freshman (0-29) Credits <input type="checkbox"/> Sophomore(30-59) Credits <input type="checkbox"/> Junior (60-94) Credits <input type="checkbox"/> Senior (95+) Credits	<p>Degree Type</p> <input type="checkbox"/> 2 Year Associates Degree <input type="checkbox"/> 4 Year Bachelors Degree	<p>Application Status</p> <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Distance Ed Student	<p>Number of Credits</p> Fall _____ Winter _____ Spring _____ Summer _____
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Terms Attending Fall Spring Winter Summer
My school is on a Quarter System Semester System
 Expected Graduation date: _____

Major/Field of Study _____

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IV. Financial Information

If student is over 21:
 Student's Employer: _____ Annual Income: _____
 Spouse's Employer: _____ Annual Income: _____
 If student is a minor or dependent:
 Father's Name: _____
 Father's Employer: _____ Annual Income: _____
 Mother's Name: _____
 Mother's Employer: _____ Annual Income: _____

V. Additional Education Funding

List Family Contribution, Scholarships, Financial Aid and Loans Applied for:

<u>Source</u>	<u>Amount</u>	<u>Granted/Status</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. Student Budget Statement

Complete this budget sheet; do not submit as "See Attached Budget."

	<u>Fall</u>	<u>Winter</u>	<u>Spring</u>	<u>Summer</u>
A. Tuition:	_____	_____	_____	_____
B. Fees:	_____	_____	_____	_____
C. Room:	_____	_____	_____	_____
D. Board:	_____	_____	_____	_____
E. Books:	_____	_____	_____	_____
F. Supplies:	_____	_____	_____	_____
G. Insurance:	_____	_____	_____	_____
H. Transportation:	_____	_____	_____	_____
I. Phone:	_____	_____	_____	_____
J. Misc. Expenses:	_____	_____	_____	_____
GRAND TOTAL	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL SCHOOL COSTS:	\$ _____			
TOTAL FINANCIAL AID/LOANS:	\$ _____			
TOTAL SCHOLARSHIPS:	\$ _____			
TOTAL FAMILY CONTRIBUTION:	\$ _____			
TOTAL BALANCE NEEDED*:	\$ _____			

***IF TOTAL BALANCE NEEDED IS HIGHER THAN THE APICDA SCHOLARSHIP, PLEASE INCLUDE A WRITTEN FINANCIAL STATEMENT WITH YOUR APPLICATION STATING HOW YOU WILL ACQUIRE BALANCE NEEDED FOR SCHOOL COSTS.**

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STATEMENT OF EDUCATION PURPOSE: I declare that I will use any funding I receive under the Emil Berikoff, Sr. Memorial Scholarship solely for expense connected with attendance at:

Name of Institution: _____

ACKNOWLEDGEMENT: 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 complete my scholarship application. I request that any Emil Berikoff, Sr. Memorial Scholarship awarded to me be mailed to the financial aid office of my current institution. I will provide an official transcript to the Aleutian Pribilof Island Community Development Association (APICDA) at the end of each academic term.

I hereby agree that if I fail to complete the school term or otherwise fail to comply with the requirements for eligibility for which I received an Emil Berikoff, Sr. Memorial Scholarship hereunder, I will be required to meet the Scholarship's Forgiveness Guidelines to regain eligibility for any future scholarship funding from APICDA. I acknowledge that this provision will not apply if I take a leave of absence from school and the leave is approved in advance by my school.

Student's Signature

Date