

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 _____

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



APICDA Relationship Disclosure Form

Name

Community

APICDA is required to report whether board members or upper management are related to recipients of scholarships. Your relation to any of the following will not influence your application status. Please indicate if you are related to any of the following board member(s) or upper management, and specify how you are related. If you are not related to any, please check None.

Name	Community	Status	Relationship
Bereskin, Joe Sr.	Akutan	Former	
McGlashan, Harvey	Akutan	Current	
Pelkey, Darryl	Akutan	Former	
Pelkey, Hugh	Akutan	Former	
Prokopeuff, Lawrence	Atka	Former	
Snigaroff, Mark	Atka	Current	
Snigaroff, Mike	Atka	Former	
Snigaroff, Simeon	Atka	Former	
Hoblet, Nicole	False Pass	Current	
Shellikoff, Gilda	False Pass	Former	
Gunderson, Justine	False Pass	Current	
Dushkin, Arnold	Nikolski	Former	
Ermelof, Leonty	Nikolski	Former	
Lestenkof, Andrew JR	Nikolski	Current	
Kashevarof, Jeff	St. George	Former	
Lekanoff, Ted	St. George	Former	
Lestenkof, Laurence	St. George	Former	
Merculief, Alvin	St. George	Former	
Merculief, Anthony	St. George	Former	
Merculief, Mark JR	St. George	Current	
Philemonof, Ilarion	St. George	Former	
Pletnikoff, Patrick	St. George	Former	
Prokopiof, Lawrence	St. George	Former	
Berikoff, Emil SR	Unalaska	Former	
Moller, John	Unalaska	Former	
Shaishnikoff, Bill	Unalaska	Current	
Swetsof, Mike	Unalaska	Former	
Branson, Jim	Seafood Industry	Former	
Meintz, Tim	Seafood Industry	Former	
Lauber, Rick	Seafood Industry	Former	
Nikinovich, Bob	Seafood Industry	Current	
O'Connel, Jim	Financial Industry	Former	
Crandall, Pete	Financial Industry	Current	
Cotter, Larry	CEO	Former	
Sevier, John	COO	Former	
Smith, Rob	CFO	Former	
Chythlook, Gary	CAO	Former	
Mirick, Grant	COO	Current	
Fanning, Luke	CEO	Current	
Delgado, Laura	CPO	Current	
Drobnica, Angel	Director of Govt. Affairs	Current	

None

Signature

Date

Emil Berikoff Sr. Memorial Scholarship Historical Tie Verification Form

What APICDA community do you have a historical tie to? _____

What is the name of the community where you live now? _____

1. Were you born in the community where you have a historical tie? YES NO

If not, did your mother leave that community for your birth and return immediately after you were born? YES NO

2. Do you live in, or have you lived in, an APICDA community? YES NO

If yes, how long? _____

3. Do your parents still live in the APICDA community? YES NO

If they don't live there anymore, why did they leave the community?

4. Do you have relatives currently living in the community? YES NO

If yes, what are their names and relationships to you?

5. When did you last visit the community, and what was the purpose of your visit(s)?

6. How long do you stay and how frequently do you return to the community?

I swear and affirm this information is complete and correct to the best of my knowledge.

Signature _____ **Date** _____

Print Name _____

Received Date: _____ By: _____

Re: 2/2015