

**Aleutian Pribilof Island Community Development Association
Emil Berikoff, Sr. Memorial Scholarship Application**

Application Checklist

Each applicant must submit a complete application packet on or before the posted deadline. *It is the student's responsibility, and only the student, to submit their application by the deadline.* CLO's cannot accept applications, they will only review it. A completed application consists of the following items:

- Completed application form with documents attached**
- Personal statement** outlining: Your education/professional development goals, why you wish to attend school, what you plan to do after receiving your degree, what contributions you believe you will be able to make to the communities of the APICDA region or to Alaska in general. *A new personal statement must be submitted every year with updates, changes, challenges, etc.*
- Written Financial Statement** which will outline your total school cost and how you plan to pay any costs not paid by scholarships and loans.
- Student Schedule** which lists student name, student ID number, classes you are registered for, how many credits each class is worth, and where the classes are located.
- Official college transcripts** E-transcripts are accepted by APICDA if sent securely by the institution to education@apicda.com.
- Federal W-2 forms** for the applicant or, if the applicant is a dependent, then for the applicant and their parents or guardians. *Do not send copies of your tax return.*

The following documents are needed from NEW students only:

- Official high school and/or college transcripts** of credits or GED test scores (if applicable).
- Two letters of recommendation.** A present or former faculty member or employer must write one of the letters, the other may be written by a faculty member, a present employer, or an individual who knows the applicant well, such as a minister, priest, doctor or elder in the community. No letter or recommendation will be accepted from any relative of an applicant.
- Proof of acceptance to an accredited college or university**, such as a copy of the letter of acceptance issued by the educational institute.
- Recommendation and comments by the Community Liaison Officer** in the applicant's community. This form will be submitted to the T&E Manager directly from the CLO. Students do not receive a copy.
- Your application packet must be received by close of business on the posted deadline.** Applications

received after the deadline will be considered late and not considered for funding. **Submit your completed application to: APICDA – Attn: T&E Dept.**

**OR to education@apicda.com
OR by Fax to: 907-646-7741**

**717 K Street
Anchorage, AK 99501**

Re-Application Requirements:

Applicants must apply each year to be considered for a scholarship for each academic year in question. All applicants, including previous recipients, must submit a complete application by the application deadline noted below. **If you attended school the previous semester and received the Emil Berikoff, Sr. Memorial Scholarship you are only required to submit the following:**

- Scholarship Application
- New Personal Statement (Updates on the semester/year, challenges, etc.)
- New Financial Statement (If the amount of funding needed exceeds funding acquired).
- Official College Transcripts (Unofficial Transcripts will not be accepted).
- Student Schedule
- W-2(s)

Application Deadline:

- Full academic year (i.e. fall, winter, and spring terms) scholarship deadline July 1st, 5:00 pm (Alaska standard time)
- Mid-year applicants for winter and/or spring terms must be submitted by November 15th , 5:00 pm (Alaska standard time)
- Summer term scholarship deadline of April 1st , 5:00 pm (Alaska standard time)

If a student applies for the July 1st deadline, they do not need to reapply for the November 15th deadline. They must submit their official transcript for the next term of funding.

Application packets must be complete and in the Anchorage APICDA office by

the deadline. If the deadline is a weekend date the deadline will be extended to 5:00 pm the following business day. **There will be no exceptions to these deadlines.**

Disbursement of Scholarships:

Scholarships awarded to a successful applicant will be disbursed to the educational institute in which the recipient has been accepted or is enrolled. The educational institution will be directed to either disburse the funds to the recipient, or apply such funds to the recipient's tuition account, by the Training and Education Committee of the Aleutian Pribilof Island Community Development Association.

Scholarships are disbursed by institute's terms by quarter or semester. After the first disbursement is awarded, future funding is awarded once APICDA verifies the student is in good academic standing. Good academic standing is defined as a minimum 2.0 GPA and completing a minimum 12 credits per term for full-time and a minimum 6 credits per term for part-time students.

Students must arrange to have a copy of their transcripts sent to APICDA within three weeks of the date that transcripts are made available. Students must also arrange to have a copy of their transcripts sent to APICDA upon completion of the academic year in which they received the scholarship. E-transcripts are accepted by APICDA if sent securely by the institution to education@apicda.com.

Scholarship Forgiveness Guidelines:

Students who do not meet scholarship requirements for full-time or part-time awards must follow Scholarship Forgiveness Guidelines.

A scholarship student who defaults on an APICDA scholarship will not be eligible for future funding until the following has been approved by APICDA's Training and Education Committee:

- Students who default in their first two years of college may request probation for a total of two terms.

- Probation request process consists of submitting a one page letter to the Training and Education Manager that addresses: reason for default, corrective action to avoid situation again, and term that default occurred.
- Award received during probation will be reduced by 50% of original award. The Committee reserves the right to consider a different percentage based on the reason for the student's default.
- Students who default on probation, or do not request probation, must complete one term of college or university without funds from APICDA and meet the established guidelines of GPA and credit level. Official transcripts will be required to verify student's re-qualification term.

A scholarship recipient placed on student probation status by the educational institution in which the student is enrolled will be placed on probation by APICDA, for the purposes of receiving scholarship funds. If the probation status resulted from a death in the family or illness of the recipient or immediate family member during the term in question, such probation will be at APICDA's sole discretion. A recipient on probation may be allowed, at the Committee's discretion, one semester (or quarter) to increase his or her grade point average or credit hours, or both, to achieve good academic standing as defined by the educational institution in which the recipient is enrolled.

A recipient who fails to achieve at least a 2.0 grade point average during any semester (or quarter) may be placed on probation at the Committee's discretion. The Committee may set academic requirements for the recipient as it deems appropriate for the next semester (or quarter) as a condition of continued eligibility for the scholarship program.

A student who is granted probation will received a reduced scholarship, up to half of the award amount the student had defaulted on. The T&E Committee has the right to make this decision based on the reason for the students default.

Application Instructions

1. Personal Information

- Name of Applicant:** Full Name of applicant, last name, first name and middle initial.
- Date of Birth:** Applicant's date of birth.
- Social Security Number:** Social Security Number of applicant.
- Address:** Permanent address and contact information for applicant
- Phone, Cell, and Message Phone:** How we may contact you or where a message can be left that will reach you.
- Email:** Your email address for the account you use most often and check regularly.
- APICDA Community:** You must select which APICDA Community you are from or have\ historical ties to.
- Have you applied for a Higher Education Scholarship with APICDA before? If you answer yes, list the date of the last application.
- Please indicate whether you intend to return to the APICDA region after college. (The APICDA region consists of the following communities: Akutan, Atka, False Pass, Nelson Lagoon, Nikolski, St. George, and Unalaska).

2. Previous School Information

List all schools, colleges, or training institutions attended with dates of attendance, number of credits completed, and program of study.

3. School Information.

- j. List the name of the institution, address and phone number to the **financial aid** office at the institution you plan to attend. *This information must be provided in order to process your scholarship payment.*
- k. **Class Status:** Indicate your class status based upon the number of credit you have earned. (Do not indicate by the number of years attended).
- l. **Degree Type:** What type of degree are you seeking?
- m. **Application Status:** Part-time is 11 or few credits, full-time is 12+ credits.
- n. **Number of Credits:** Indicate how many credits you intend to enroll for each term.
- o. **Terms Attending:** Select if you are on the quarter system or the semester system at your institution. Select which terms you will be taking.
- p. **School Term Schedule:** Check if your school is on a quarter or semester system.
- q. **Expected Graduation Date:** What term you believe you will graduate.
- r. **Major/Field of study:** Indicate your declared or intended major. All students must declare a major upon completion of their Sophomore year.

5. Financial Information.

a. If you are over 21:

List your employer and your annual income declared on your prior year's federal income tax return. If married, list your spouse's employer and annual income declared on their prior year's federal income tax return.

b. If applicant is a minor, or a dependent of their parents for tax purposes:

List each parent's employer and annual income declared on prior year's federal income tax return.

6. Additional Funding:

List family contributions, financial aid, loans and scholarships you have applied for. List the amount, and whether they have been granted. If decision is pending, indicate the date decision will be made.

7. Student Budget:

Please list all expenses in categories A - J, for each term. Do not note: See Budget Attached.

- a. Tuition: Cost of program
- b. Fees: Fees associated with program (i.e.: lab, health center, government, registration)
- c. Room: Cost of housing (i.e.: dorm, apartment, efficiency, room)
- d. Board/Meals: Cost of board/meals (i.e.: food, meal plan, electricity, gas, water)
- e. Books: Cost of textbooks and text required for program
- f. Supplies: Cost of materials needed for program (i.e.: tools, pens/pencils, disks)
- g. Insurance: Cost of insurance (i.e.: Health Insurance, Renters Insurance)
- h. Transportation: Costs for getting to institution from day-to-day (i.e.: bus pass, parking fees, gas, car insurance)
- i. Phone: Cost for local, basic service connection
- j. Miscellaneous Expenses: Misc. Expense: Costs that would otherwise not be addressed by above categories (i.e.: laundry expenses, internet, cable TV, gym fees, personal care)

Total each term on the grand total line. Add the totals on the grand total line and transfer that amount to the total school costs line. Subtract total family/scholarship contribution from the total school costs to determine the total balance needed. Do not note: See Budget Attached.

8. Statement of Education Purpose and Scholarship Acknowledgment:

Please make sure you understand the terms under which this grant is being made and your

obligation to meet the requirements. If you have questions please contact your CLO or our office.

Residency Requirement

Residency: Applicants may be Native or non-Native and must be residents of one of the following APICDA communities: Akutan, Atka, False Pass, Nelson Lagoon, Nikolski, St. George or Unalaska prior to application for the scholarship.

Unalaska Residency Requirement: Applicants from Unalaska must have maintained full-time residency for at least five years immediately prior to the application date and must intend to return to (or work for the benefit of) the APICDA region upon completion of school.

Previous Resident Requirement: Applicants who do not live in one of the APICDA communities must demonstrate their relationship with the APICDA region. The Training and Education Committee may give consideration to applicants who can provide a tie to the region based on the following, in order of significance:

1. Length of time applicant lived in the APICDA region.
2. Immediate family living in the APICDA region (Parents, Grandparents, Aunts, Uncles, Cousins, Children).
3. Applicants intent to return to (or work for the benefit of) the APICDA region upon completion of school.

Students must notify APICDA immediately if they fail to maintain good academic standing.

For questions, please contact the Training & Education Department at (907) 929-5273, fax (907) 646- 7741, or e-mail: education@apicda.com.

Submit your completed application to:

**APICDA
Attn: T&E Dept.
717 K Street
Anchorage, AK 99501**

OR email it to: education@apicda.com

OR fax to: 907-646-7741

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 |
|--|---|---|

Number of Credits

| | |
|--------|-------|
| 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