



Combined Application For College & Higher Education

ONLINE AND PAPER APPLICATION IS DUE BY THE DEADLINE INDICATED BY EACH ORGANIZATION. OFFICIAL TRANSCRIPTS AND CLASS ENROLLMENT ARE TO BE SENT IN AS SOON AS AVAILABLE TO THE PROPER SCHOLARSHIP ORGANIZATION. **CONTINUING STUDENTS** ARE DEFINED AS THOSE THAT RECEIVED A SCHOLARSHIP FOR THE PREVIOUS TERM AND HAVE MAINTAINED THE GPA AND CREDIT REQUIREMENTS FOR THE PREVIOUS TERM AND THE OTHER REQUIREMENTS STATED BY EACH ORGANIZATION.

Continuing Student Requirements & Deadlines:	BSF	Sitnasuak	Kawerak	NSEDC	NSHC
Required Documents					
Application, pages 3 & 4	Yes	Yes	Yes	Yes	Yes
Official Transcripts	Yes	Yes	Yes	Yes, once a year	Yes
Class Schedule (or course outline for Voc. students)	Yes	Yes	Yes	Yes	Yes
Eligibility Requirements					
Full-Time Student (12+ semester credits, 10+ quarter credits, or 9+ graduate credits)	Yes	Yes	Yes	Yes	Yes
Part-Time Student (6-11 semester credits, 6-9 quarter credits or 3-8 graduate credits)	Yes	Yes	Yes	Yes	Yes, contact NSHC
Must show financial need	Yes	No	Yes	Yes	Yes
Terms Funded & Deadlines					
Fall Term Deadline (including students on quarters/ trimesters)	June 30	June 30	June 30	June 30	June 30
Spring Term Deadline (Including students on quarters/ trimesters)	December 1	December 1	December 1	December 31	December 31
Summer Term Deadline (Including students on quarters/ trimesters)	No	No	April 15	May 31	No
Vocational Training Deadline	2 weeks prior to start of class.	2 weeks prior to start of class.	6 weeks prior to start date	2 weeks prior to start date	Same as Fall & Spring
GPA Requirements					
GPA minimum requirements for college or vocational training	2.5	2.0	2.0	2.0	2.5

	Toll-free 1-888-650-2477 Phone: 907-443-2477 Fax: 907-443-2478 Email: jesse@nsedc.com P.O. Box 358 Nome, AK 99762 www.nsedc.com
	Toll-free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485 Email: int.coord@kawerak.org P.O. Box 948 Nome, AK 99762 www.kawerak.org
	Toll-Free 1-888-559-3311 Phone: 907-443-4508 Fax: 907-443-2085 Email: skbowman@nshcorp.org P.O. Box 966 Nome, AK 99762 www.nshcorp.org
	Toll-Free: 1-800-478-5079 Phone: 907-443-4305 or 907-443-4316 Fax: 1-907-443-2985 or 1-907-443-8129 Email: foundation@beringstraits.com P.O. Box 1008, Nome, AK 99762 www.beringstraits.com/foundation
	Toll-Free: 1-877-443-2632 Phone: 907-387-1226 Fax: 907-387-0496 Email: foundation@snc.org P.O. Box 905, Nome, AK 99762 www.snc.org/social-mission/foundation

THIS FORM IS SUBJECT TO CHANGE, PLEASE CHECK ONLINE BEFORE YOU APPLY

NOTE: Applications MUST be postmarked/faxed/mailed BEFORE or ON the deadline date. Late applications will NOT be accepted.
 (Note: Applications must be submitted EACH TERM [semester/quarter/trimester/session] you attend school/training)

MyCACHE – Continuing Applicant Checklist	
	Transcript (<i>check each scholarship organization’s policy on unofficial transcripts</i>)
	Class schedule/ Course Outline (<i>must show credits</i>)
	Acceptance letter from school (<i>ONLY IF YOU ARE CHANGING SCHOOLS</i>)

Applications MUST be submitted, faxed, or postmarked/mailed BEFORE or ON the deadline date; schedules and transcripts can be sent when they become available.

4. Helpful suggestions:

- ****The MyCACHE organizations prefer that applications are completed online or filled out by using the provided fill in Web PDF version instead of handwritten applications. *If you have to handwrite your application please make sure your handwriting is neat and legible.***
- **Please make sure to print out the application in order to put the required signature and date on it before it is submitted; applications that are not signed and dated are considered incomplete and may be denied; some MyCACHE orgs do not accept electronic signatures.**
- BSF and SF do NOT accept applications that are filled out in Microsoft Word.
- BSF and SF do NOT accept electronic signatures.
- Use blue or black ink for handwritten applications and print CLEARLY.
- Typing up the questions in section 11 “*statement of educational goals and objectives*” on page 6.
- A typed personal essay on a separate piece of paper(s) is preferred, but not required.
- A typed resume’ (optional.) Showing your work history and activities you have participated in, is a nice addition to the personal statement but not required.
- Attaching a cover page which has a current photograph of you (optional.)
- Your class schedule needs to show the number of credits on it per class. Please do not submit weekly/daily schedules that do not have the credits listed on them.
- Make sure all your supporting documents have your name listed on them especially transcripts and schedules.
- **Follow up with a phone call or email to the organization(s) after you have submitted your application to make sure it was received.**
- ****It is the applicant’s responsibility to make sure their application was received on time and that all their supporting documents are received in a timely manner.**
- Prior to Graduating - Please notify scholarship organizations when you apply for your last term/session

5. Official Transcript Information:

- Online official transcripts are preferred.
- An official hard copy sent from your school addressed to each MyCACHE organization you are applying to.
- A faxed copy sent from your school.
- Some organizations will accept your unofficial transcript (from your online school account) as official **IF** it is sent in PDF form and the URL is visible containing “https” the “s” shows that it is from a secure website. Contact organization(s) to see if they will accept your unofficial transcript from your online account.

6. Funding Amounts:

GPA Funding Amounts: PER SEMESTER (please contact organization(s) if you are on quarters or trimesters)					
GPA	Bering Straits Foundation	Sitnasuak Foundation	NSEDC	Kawerak, Inc.	Norton Sound Health Corp.
Full Time					
3.0 - 4.0	\$1,000	\$1,000 Under Grad \$2,000 Grad	12+ credits \$2,500	\$1,500/Semester \$1,000/Quarter \$500 Non AK Resident	\$1,000
2.5 - 2.99	\$400				\$1,000
2.0 - 2.4	<2.5=Probation	Probation	Contact NSEDC	Contact Kawerak	Probation, contact NSHC
< 2.0	Amounts subject to change				
Part Time					
3.0 - 4.0	\$250	\$500 Under Grad \$1,000 Grad	Pro-rated based on credit load	\$750/Semester \$500/Quarter \$500 Non AK Resident	Contact NSHC
2.5 - 2.99					
2.0 - 2.4	<2.5=Probation	Probation	Contact NSEDC	Contact Kawerak	
< 2.0	Amounts subject to change				
Vocational					
	Contact BSF	\$1,000	\$2,500	Contact Kawerak	Contact NSHC

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Continuing MyCACHE

(Applications must be individually sent to each scholarship office)

7. PERSONAL INFORMATION (Please fill out the application COMPLETELY, all information is needed)

Applicant Name (First, Middle & Last):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security # (required):
Your Mailing Address While Attending School (address, city, state, zip) (if not known at this time please provide address ASAP)		Permanent Mailing Address(required): (address, city, state, zip)		
Main Phone # (required):	Cell Phone #:		Home Phone #:	
E-Mail Address (required):		Alternative E-Mail Address:		

8. SCHOOL INFORMATION

Name of School you will attend:		Financial Aid Office Phone #:	Student ID #:
Financial Aid Office Address (address,city,state zip):		# of credits you will take:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
		Expected Graduation Date:	Have you submitted your : (if not please send ASAP)
Area of Study(i.e. accounting, nursing, CDL, construction) [required]:		<input type="checkbox"/> Associate's <input type="checkbox"/> Certificate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Vocational Training <input type="checkbox"/> Master's <input type="checkbox"/> Other _____ <input type="checkbox"/> Doctorate	
		Class Sched: <input type="checkbox"/> Yes <input type="checkbox"/> No	Official Trans.: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of your School Advisor:		Phone #:	
Advisor's Email:		Fax #:	
I am enrolling as (required): <input type="checkbox"/> On Campus <input type="checkbox"/> Distance <input type="checkbox"/> Online <input type="checkbox"/> Other _____			
<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 plus credits)	<input type="checkbox"/> Graduate	<input type="checkbox"/> Vocational Training Student	
Term applying for 20____ (please only mark ONE term) You must reapply EACH TERM you are attending school <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Fall <input type="checkbox"/> Autumn <input type="checkbox"/> Summer			
My school operates on:			
<input type="checkbox"/> Semesters <input type="checkbox"/> Quarters <input type="checkbox"/> Trimesters <input type="checkbox"/> Vocational Training Sessions <input type="checkbox"/> Career College Sessions			
First day of instruction: _____		Last day of instruction: _____	

9. ACADEMIC INFORMATION

Last term of higher education completed:		<input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Fall
<input type="checkbox"/> College: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester		<input type="checkbox"/> Autumn <input type="checkbox"/> Summer
<input type="checkbox"/> Vocational Training: <input type="checkbox"/> Certificate <input type="checkbox"/> Training not completed		Year: 20____
Last Term GPA: _____	Cumulative GPA: _____	Total Credits Earned: _____

NOTE: your transcript needs to show your previous term GPA. Please send your transcript once your term is completed and your grades have been posted. This is applicable to summer term classes as well.

DO YOU PLAN TO RETURN TO THE BERING STRAIT REGION AFTER YOUR EDUCATION IS COMPLETE?	
<input type="checkbox"/> Yes (community) _____;	<input type="checkbox"/> No <input type="checkbox"/> Uncertain

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10. FINANCIAL INFORMATION (please list the \$ amount applied and/or awarded for CURRENT TERM)

PLEASE REFERENCE PAGE 4 (if you do not know the \$ amounts please contact each office)

RESOURCES (please list the specific \$ amounts)	\$ Applied		\$ Awarded (if n/a leave blank)	
Bering Straits Foundation	\$		\$	
Sitnasuak Foundation	\$		\$	
Kawerak, Nome Eskimo Community, (BIA scholarships) [<i>specify</i>]	\$		\$	
Norton Sound Economic Development Corporation	\$		\$	
Norton Sound Health Corporation	\$		\$	
Regional/Village Corporation [<i>specify</i>]	\$		\$	
College Scholarships (academic, athletic, etc.)	\$		\$	
National Guard/Military Benefits	\$		\$	
State of Alaska Dept. of Labor	\$		\$	
Free Application for Federal Financial Aid (FAFSA)/Pell Grant	\$		\$	
Loans [<i>specify</i>]	\$		\$	
Other [<i>specify</i>](i.e.-education savings, family contributions)	\$		\$	
Self-Contribution (i.e.- job income)	\$		\$	
Employment (during school/training)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
RESOURCES TOTALS (Required)	\$ _____		\$ _____	
EXPENSES (please list the specific \$ amounts)				
Tuition	\$			
Fees	\$			
Books	\$			
Supplies	\$			
Meals	\$		Meal Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Room / Rent (for current term)	\$		<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus	
Transportation (includes travel to/from school for current term)	\$			
Miscellaneous	\$			
EXPENSES TOTALS (Required)	\$ _____			
	(negative budget)		(positive budget)	
TOTAL BALANCE NEEDED (REQUIRED) [Balance needed is: Resources minus Expenses]	-\$ _____		+\$ _____	

11. STATEMENT OF UNDERSTANDING (please note: some MyCACHE orgs do not accept electronic signatures)

I hereby attest that the information contained in this application is true, correct, and complete. The scholarship award(s) will be used to further my education for the program I have enrolled in. I understand that the funds must apply towards tuition, registration fees, books and campus related room and/or board expenses. I understand that any unspent funds will be returned. I further understand that upon completion of the term for which I received scholarships I will submit an official transcript with the continuing MyCACHE application to each organization by the deadline date. I agree that the MyCACHE organizations may share my MyCACHE application information and supporting documents with each other. I understand that I must turn in the MyCACHE application and supporting documents to each MyCACHE scholarship I am applying for. I give permission for the Bering Straits Foundation, Norton Sound Economic Development Corporation, Kawerak Inc, Norton Sound Health Corporation and/or the Sitnasuak Foundation, to publish my name, photo, school information, or other information I provide in any reports, press releases or publications.

PLEASE HANDWRITE YOUR SIGNATURE

(REQUIRED)

_____ Signature

_____ Date