

Tebughna Foundation

2014-2017 Scholarship & Grants Application

A. ELIGIBILITY – CHECK ALL THAT APPLIES

I certify that I am: <input type="checkbox"/> Class A Original TNC Shareholder <input type="checkbox"/> Class B Newborn TNC Shareholder <input type="checkbox"/> A Direct Lineal Descendant of an Original TNC Enrollee Or <input type="checkbox"/> Tribal Member of NVT	If you checked “A Direct Lineal Descendant” fill in this section.
	I am a direct lineal descendant of this Original Enrollee of TNC: Name: (Last, First, MI)
	Other last names used (if applicable):
	Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Great-Great Grandparent

B. PERSONAL DATA

Name (Last, First, MI)		Other Last Names Used (If applicable)	
Mailing Address		E-Mail Address <i>(Correspondence will be emailed here)</i>	
City	State	Zip Code	Tel No.
Date of Birth (00/00/00)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Fax No.
Are you directly related (mother, father, sister, brother, son or daughter) to a current board member of the Tebughna Foundation? (not Tyonek Native Corporation board members) Board Members are: Renee Harp, Demaris Hudson, Donald Standifer, Sr., Donita L. Slawson, Harriet Kaufman, Carolina Kompkoff, Vide Kroto & Emil McCord, Executive Director. <input type="checkbox"/> No <input type="checkbox"/> Yes IF Yes, provide their name & your relationship:			

C. EMERGENCY CONTACT (In the event we cannot reach you, who can we contact?)

Name	Relationship
Mailing Address	Email, Phone Number

D. APPLICATION CATEGORY AND DEADLINE

Scholarship Deadlines or Grants Reimbursement <i>(For full-time or part-time, degree-seeking students)</i> <input type="checkbox"/> July 1 <input type="checkbox"/> December 1	Vocational Training <i>(For vocational/technical training or certificate-seeking students)</i> <input type="checkbox"/> 30 days prior to your start date
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E. TYPE OF FUNDING

Scholarship <input type="checkbox"/> 2-year Degree/Certificate Seeking <input type="checkbox"/> 4-year Degree/Certificate Seeking	Grant Reimbursement <input type="checkbox"/> Book Refund	Vocational Training <input type="checkbox"/> Vocational/Technical Training
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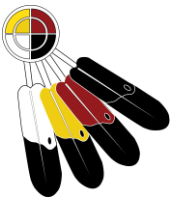
Submit your application to:

THE TEBUGHNA FOUNDATION

1689 C. Street, Suite 120, Anchorage, AK 99501

Tel: (907) 646-3143 // Fax: 1-855-761-4394

Email: lkapisi@tebughnafoundation.com // Website: www.tebughnafoundation.com // Facebook: www.facebook.com/tebughnafoundation



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F. EDUCATIONAL PLANS

NAME:

Name of School			
Financial Aid Office Address		City	State
			Zip Code
Tel No.	Fax No.	Email (if any)	
Degree/Major/Certificate: _____		Anticipated Graduation Date: _____	

Semester/Term Dates that you are applying for funding are to be listed below:			
Current Semester/Term Start Date: _____		Current Semester/Term End Date: _____	
I will be attempting/receiving _____ credits/hours during this current semester/term.			

G. BUDGET FORECAST STOP!

THIS SECTION IS TO BE FILLED IN BY A FINANCIAL AID OFFICER AT YOUR SCHOOL.

Or you may attach a Signed Budget Forecast from your financial aid officer.

A. EXPENSES	AMOUNT	B. RESOURCES	AMOUNT
Direct Academic Cost		Resources that are applicable	
Tuition	\$	Personal/Family Contributions	\$
Student Fees	\$	Tuition Waiver	\$
Books & Required Supplies	\$	Government Allowances	
Living Cost		Veterans Administration Aid	\$
Rent/On-Campus Housing	\$	State/Federal Social Security	\$
Food/On-Campus Meal Plan	\$	Other (Specify):	\$
Transportation/Bus Pass	\$	Academic Financial Aid	
Childcare	\$	Scholarship and/or Fellowships	\$
*Other	\$	Tribal Scholarship/Grants	\$
*Other examples: car insurance, phone, and/or internet		State/Federal Loans	\$
TOTAL EXPENSES	\$	TOTAL RESOURCES	\$
AMOUNT NEEDED = TOTAL EXPENSES – TOTAL RESOURCES		\$	

Financial Aid Officer Signature: _____ **Date:** _____

Printed Name: _____

Comments:

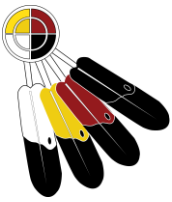
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H. CERTIFICATION

NAME _____

By signing this statement, I acknowledge that I have read and agree to the funding guidelines and terms specified below:

1. To the best of my knowledge, the information in this application is true, correct and complete.
2. It is my responsibility – not that of the Tebughna Foundation (board or staff) or any other party (e.g. parent, spouse, academic supervisor) – to obtain and submit the necessary application material on or before the deadline to receive consideration for any award.
3. This application does not obligate the Tebughna Foundation to award an education scholarship or grant or to pay any costs incurred in the submission of this application. All decisions are made by the Education Committee and Management and are final.
4. If approved for a scholarship or grant, I agree to abide by the terms and conditions of the award. If, for any reason, I am unable to use the award for which I am selected, the full amount or any portion thereof is to be refunded to the Tebughna Foundation.
5. I understand that I am required to complete all courses and credits for which I am funded for by the Tebughna Foundation.
6. All applicant information is kept confidential in accordance with the Family Education Rights and Privacy Act of 1974. Information will not be released to another party, including parents or family members, without having written consent of the applicant.
7. I give the Tebughna Foundation permission to release, as appropriate, my comment, photo, name, address, email, and telephone number for employment or education referrals and Tebughna Foundation Publications.
8. By accepting any Scholarship or Grants it is possible that they are taxable. Please see your tax advisor for further information.
9. I give Tebughna Foundation permission to obtain pertinent information regarding myself from my Educational Institute Financial Aid Office, if necessary.
10. I must maintain a cumulative GPA of 2.0 or higher (on a 4.0 grading scale).

SIGNATURE OR APPLICANT: _____ **DATE:** _____

I. ATTACHMENTS (Be sure to include these with your application. If it is time sensitive please contact us).

1. **New Applicants:** Eligibility Documents: Birth Certificate or Tyonek Tribal Roll Card
2. **New Applications/School:** Acceptance letter from your school.
3. **New Applications: **** Statement of Purpose: See below for details
4. Financial Needs: Budget Forecast on page 2 or attach one from your Financial Aid Officer.
5. Class Schedule for the semester/term that you are applying for funding.
6. Final Grades or Transcripts, from the prior semester Tebughna Foundation has awarded you.
**** Statement of Purpose: Minimum 1 page: Describe your education and career goals: how your degree program fits with your plans and how it will assist you in contributing in a positive way to your Community.**

If you have any questions or need any assistance please contact our office. 907-646-3143

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