

A. ELIGIBILITY *(Check All That Apply)*

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

B. PERSONAL INFORMATION

Applicant Name *(Last, First, MI)* _____ Other Last Names Used *(if applicable)* _____

Gender: Male Female I am applying as a: New Applicant Returning Applicant

Birthdate *(MM/DD/YYYY)* _____

Mailing Address _____ City _____ State _____ ZIP _____

Physical Address *(If different from mailing address)* _____ City _____ State _____ ZIP _____

Primary Phone # _____ Alternate Phone # _____ Email *(correspondence will be emailed here)* _____

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)*

Yes No *(if "Yes" please provide their name & relationship)* Name: _____ Relationship: _____

C. EMERGENCY CONTACT

Name *(Last, First, MI)* _____ Relationship _____

Mailing Address _____ Phone _____ Email _____

D. EDUCATIONAL PLANS

Name of School _____ School ID Number _____

School Mailing Address _____ City _____ State _____ ZIP _____

Primary Phone # _____ Fax # _____ Email _____

Program Term Dates that you are applying for funding are to be listed below:

Program/Term Start Date: _____ Program/Term End Date: _____

I will be attempting/receiving _____ credits/hours during this term.

E. BUDGET FORECAST *(Keep all receipts! You are required to submit receipts for reimbursements of books and other expenses.)*

Tuition Cost: \$ _____ + Books/Fees: \$ _____ + Other Expenses: \$ _____

= TOTAL AMOUNT NEEDED: \$ _____

F. CERTIFICATION

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 made by the Education Committee and Management 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 OF APPLICANT: _____ **DATE:** _____

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

- 1 Eligibility Documents: *Birth Certificate or Tyonek Tribal Roll Card.*
- 1 Acceptance letter or proof of enrollment from your school.
- 1-2 Completed Application Pages: 1 & 2
- 1-2 Financial Needs: *Budget forecast on page 1 or attach one to this application.*
- 1-2 Class Schedule for the program term that you are applying for funding.
- 1-2 Final Grades or Transcripts from prior semesters that the Tebughna Foundation has awarded you.
- 1-2 Receipts for reimbursements for books and other expenses.

1 – New Applicant Required Documents | 2 – Returning Applicant Required Documents

To submit your completed application or have any questions or comments regarding your application please contact:

Tebughna Foundation
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Anchorage, Alaska 99501
Main – 907-646-3115
info@tebughnafoundation.com