

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: (Last, First, MI) <hr/> Other Last Names Used: (if applicable) Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Great-Grandparent
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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. APPLICATION PERIOD (Scholarship deadline for fall semester is **July 1st**. Scholarship deadline for spring semester is **December 1st**.)

Are you a full-time, part-time or degree-seeking student? Full-Time Part-Time Degree-Seeking

Which semester are you applying? Spring Semester Fall Semester

E. ACADEMIC HISTORY

Are you currently a high school student? Yes No Highest Grade Completed: _____ Some College GED

Years Attended: _____

Name of High School _____ From _____ To _____ Graduation Year/GED _____

High School Address _____ City _____ State _____ ZIP _____

Are you currently enrolled in a degree program? Yes No Graduation Year: _____

Years Attended: _____

Name of College or University Attended _____ From _____ To _____ Major Course _____

College or University Address _____ City _____ State _____ ZIP _____

SUBMIT THIS APPLICATION AND ALL APPLICABLE DOCUMENTS TO: TEBUGHNA FOUNDATION ♦ 1689 C Street, Suite 120 ♦ Anchorage, Alaska 99501

Main (907) 646-3115 ♦ Email info@tebughnafoundation.com ♦ www.tebughnafoundation.com

F. EDUCATIONAL PLANS

Name of School _____ School ID Number _____

Financial Aid Office Mailing Address _____ City _____ State _____ ZIP _____

Primary Phone # _____ Fax # _____ Email _____

Degree Program: 2-Year Degree 4-Year Degree Intended Major: _____

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

Provide us with your "Direct Academic Costs" for the classes you are applying for funding. You may provide us with the optional information noted, the information can assist us in determining your financial needs. (*or you may attach a Signed Budget Forecast from your financial aid officer*).

EXPENSES	AMOUNT	RESOURCES	AMOUNT
Direct Academic Costs <i>*Required Info</i>		Resources that are Applicable <i>*optional</i>	
<i>*Tuition</i>	\$ _____	Personal/Family Contributions	\$ _____
<i>*Student Fees</i>	\$ _____	Tuition Waiver	\$ _____
<i>*Books & Required Supplies</i>	\$ _____	Government Allowances <i>*optional</i>	
Living Costs <i>*optional</i>		Veterans Administration Aid	\$ _____
Rent/On-Campus Housing	\$ _____	State/Federal Social Security	\$ _____
Food/On-Campus Meal Plan	\$ _____	<i>*Other (specify in comments)</i>	\$ _____
Transportation	\$ _____	Academic Financial Aid <i>*optional</i>	
Childcare	\$ _____	Scholarship and/or Fellowships	\$ _____
<i>*Other Expenses</i>	\$ _____	Tribal Scholarship/Grants	\$ _____
TOTAL EXPENSES:	\$ _____	State/Federal Loans	\$ _____
		TOTAL RESOURCES:	\$ _____
<i>*Other Examples: Car insurance, phone and/or internet expenses, etc.</i>			
		TOTAL AMOUNT NEEDED (Total Expenses - Total Resources):	\$ _____

Financial Aid Officer Signature (if applicable) _____ Date _____

Printed Name _____

COMMENTS:

H. 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:** _____

I. 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 from your school.
- 1 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.*
- 1-2 Completed Application Pages: *1, 2 & 3*
- 1-2 Financial Needs: *Budget forecast on page 2 or attach one to this application from your financial aid officer.*
- 1-2 Class Schedule for the semester/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
1689 C Street, Suite 120
Anchorage, Alaska 99501
Main – 907-646-3115
info@tebughnafoundation.com