

**AFOGNAK NATIVE CORPORATION  
HIGHER EDUCATION PROGRAM APPLICATION  
HEP Application Deadline: March 15**

**GENERAL INFORMATION**

Full Name: \_\_\_\_\_ Maiden or Birth Name: \_\_\_\_\_  Male  Female  
Alaska Resident:  Yes  No Last 4 digits of Social Security #: \_\_\_\_\_ Voting ANC Shareholder ID: \_\_\_\_\_  
Most Recent Cumulative GPA: \_\_\_\_\_ College: \_\_\_\_\_ High School: \_\_\_\_\_  GED Date of Birth: \_\_\_\_\_  
*Permanent Mailing Address:* \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Permanent Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
*Mailing Address While In School:* \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone at School: (\_\_\_\_) \_\_\_\_\_  Same as Permanent Mailing Address  
Enrolled in a Tribal Entity:  Yes  No If yes, Name of Tribal Entity: \_\_\_\_\_

*Please check only one:*

- I am a New HEP Applicant (I have not received HEP funds before)
- I am a Continuing HEP Recipient (I am a former HEP award recipient and I am working on the same degree)
- I am a Returning HEP Recipient (I am a former HEP award recipient but I am now working on a different degree)

If you are a returning HEP recipient, when was the last year you received HEP funding?: \_\_\_\_\_

Are you in good standing with any previous ANC scholarships you received?  Yes  No  Not Applicable

**COLLEGE OR VOCATIONAL INFORMATION**

Is the school you wish to attend on the Semester, Quarter or a Trimester system (circle one)?  
Indicate the terms in which you plan to enroll:  Fall  Winter  Spring  Summer  
Grade you will be in:  Freshman  Sophomore  Junior  Senior **OR**  Graduate School year: 1 2 3 4 5 6 (circle one)  
Major in school: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_  
College Student's Status attending school:  Full-time (undergraduate 12 or more credits, graduate 9 or more credits)  
 Part-time (undergraduate less than 12 credits, graduate less than 9 credits)  
 Vocational  
Expected degree or certificate of training:  Associate  Bachelors  Masters  Doctorate  
 Certificate of Training: \_\_\_\_\_  Other: \_\_\_\_\_  
Present degree(s) or certificates held and year received: \_\_\_\_\_  
Dates you will be attending the educational institution: From: \_\_\_\_\_ (Month/Year) To: \_\_\_\_\_ (Month/Year)  
Name of the school you wish to attend: \_\_\_\_\_  
Address of the school's financial aid office: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Indicate if your school is an accredited post-secondary educational institution:  Yes  No

**BUDGET SHEET**

*ANC will not pay for exorbitant housing costs, cell phones, credit cards, or other non-school related expenses.*

Backup documentation justifying costs noted on the budget sheet must be provided. Most schools will provide students with a one-page Budget Forecast Sheet or you can print a cost of attendance from the school website. *Costs listed on this Budget Sheet cannot exceed the amounts listed in the backup documentation.*

Summer Term                      Year: \_\_\_\_\_  
 (CHECK IF ATTENDING SCHOOL THIS SEMESTER)  
 Expected Number of Credits: \_\_\_\_\_

Direct Academic Costs:

Tuition    \$ \_\_\_\_\_  
 Student Fees    \$ \_\_\_\_\_  
 Books & Required Supplies    \$ \_\_\_\_\_

Housing & Meal Costs

On-campus/Off-campus Housing    \$ \_\_\_\_\_  
 On-campus/Off-campus Meals    \$ \_\_\_\_\_

Personal Expenses    \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES    \$ \_\_\_\_\_

Winter Term                                      Year: \_\_\_\_\_  
 (CHECK IF ATTENDING SCHOOL THIS SEMESTER)  
 Expected Number of Credits: \_\_\_\_\_

Direct Academic Costs:

Tuition    \$ \_\_\_\_\_  
 Student Fees    \$ \_\_\_\_\_  
 Books & Required Supplies    \$ \_\_\_\_\_

Housing & Meal Costs

On-campus/Off-campus Housing    \$ \_\_\_\_\_  
 On-campus/Off-campus Meals    \$ \_\_\_\_\_

Personal Expenses    \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES    \$ \_\_\_\_\_

Fall Term    Year: \_\_\_\_\_  
 (CHECK IF ATTENDING SCHOOL THIS SEMESTER)  
 Expected Number of Credits: \_\_\_\_\_

Direct Academic Costs:

Tuition    \$ \_\_\_\_\_  
 Student Fees    \$ \_\_\_\_\_  
 Books & Required Supplies    \$ \_\_\_\_\_

Housing & Meal Costs

On-campus/Off-campus Housing    \$ \_\_\_\_\_  
 On-campus/Off-campus Meals    \$ \_\_\_\_\_

Personal Expenses    \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES    \$ \_\_\_\_\_

Spring Term    Year: \_\_\_\_\_  
 (CHECK IF ATTENDING SCHOOL THIS SEMESTER)  
 Expected Number of Credits: \_\_\_\_\_

Direct Academic Costs:

Tuition    \$ \_\_\_\_\_  
 Student Fees    \$ \_\_\_\_\_  
 Books & Required Supplies    \$ \_\_\_\_\_

Housing & Meal Costs

On-campus/Off-campus Housing    \$ \_\_\_\_\_  
 On-campus/Off-campus Meals    \$ \_\_\_\_\_

Personal Expenses    \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSES    \$ \_\_\_\_\_

TOTAL ESTIMATED ANNUAL EXPENSES (TOTAL COSTS OF ALL TERMS ATTENDING THIS YEAR): \$ \_\_\_\_\_

PLEASE CHECK BOX IF YOUR BUDGET SHEET **IS NOT** IN US CURRENCY:



Afognak Native Corporation  
HEP Program

## **REQUEST FOR A LETTER OF RECOMMENDATION**

### **Scholarship Applicant Instructions**

All first time applicants must submit two letters of recommendation. It is highly recommended that you request a letter of recommendation from a teacher who knows you well, your counselor, academic advisor, employer, principal, or activity leader. Letter of recommendations from family members will not be accepted.



**Scholarship Due Date: March 15**

Letters of recommendation are required to assist the Scholarship Committee in evaluating your potential for success and leadership in your field of study. You are urged to ask the writer to provide specific information about: your character, scholastic and/or leadership abilities, and they should explain their relationship to you and how long they have known you.



## **LETTER OF APPLICATION (1 to 2 pages)**

The Letter of Application describes your goals and gives the Scholarship Committee more background information about you. If you have applied for an ANC scholarship in the past, please take the time to write a new letter of application, or to update one written previously. Include all requested information. Your **Letter of Application should not exceed two pages** and a top scoring letter must clearly discuss the following:

- Introduction - Personal Background
- Education goals (why attending school, school, degree)
- Field of Study Relevancy to Career Goals
- Demonstrated Leadership
- Community Service Contribution
- Benefit to Greater Community
- Benefit to Alutiiq Community
- Family Relationship and History to Afognak
- Tribal Affiliation
- Demonstrated Overall Writing Quality



## STUDENT PLEDGE

I have applied to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school to the best of my ability and will satisfactorily complete the course(s) that I have selected. I further agree that the funds issued to me for educational purposes by Koniag Education Foundation (KEF) on behalf of Afognak Native Corporation (ANC) will be applied toward my educational expenses or the funds will be returned / repaid to ANC. I understand that if I am eligible for other sources of funding, this will be included when computing my Budget Sheet and I agree to use those funds for the purpose intended. I authorize the school to release grades, attendance, and income information to the ANC Scholarship Committee. I understand that ANC expects me to seek out other educational funding available to me, and I agree to make reasonable attempts to do so. I have read and I understand all of the ANC Higher Education Program Policies, Guidelines and Procedures (HEP Policies). I agree to comply with the HEP Policies in full.

**I understand that my violation of the HEP Policies or of any agreement or certification in this Student Pledge may result in ANC imposing against me the penalties set out in the HEP Policies, including but not limited to a requirement to repay or return funds to ANC, withholding of funds by ANC, and the rejection of future applications from me.**

I certify that everything contained in this application is true, accurate, complete and current, and nothing material has been omitted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Privacy Act and Paperwork Reduction Act Statement

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 Stat. 471,25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for an ANC Higher Education Program Award.
4. The routine use of this information is by the ANC Scholarship Committee to evaluate your request and to assist in determining your place in our awards system. Student data will be tracked by the ANC Scholarship Program to determine if the recipient is following program policies and guidelines and to evaluate the effectiveness of the Scholarship Program.
5. Failure to provide requested information may result in a delay or denial in receiving the award that you are seeking.

### Media Release

I understand that photographs and quotes may be taken of and from my application and correspondence for use in publications and reports about the ANC scholarship programs. I hereby grant ANC the right to use, publish, display and distribute my image, likeness, name and quotations, in all forms of media, including photographs, audio and video recordings, social media, publications or display, for all purposes whatsoever. I understand that all rights to such photographs and recordings shall be ANC's property and may be used indefinitely by ANC for such purposes, without compensation or royalties.

### Release of Liability

The undersigned Applicant irrevocably and unconditionally releases and waives as to ANC and its businesses, subsidiaries, affiliates, partners, and each of their respective former and current owners, members, shareholders, officers, directors, partners, representatives, agents, employees, insurers and reinsurers, successors and assigns (collectively the "Released Parties") all liability, claims, losses and damages arising from the inadvertent or accidental disclosure, loss or dissemination of Applicant's information contained in this form, regardless of whether caused by the negligence of any of the Released Parties or by any other cause.

I have read the above statement and I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date