Dear Applicant:

Thank you for expressing your interest in continuing your education. The Tigara Education Foundation, Inc (TEF), has funds earmarked specifically for the purpose of providing scholarships to qualified students attending University/Vocational schools. The Foundation will help pay for basic education costs of tuition and fees, room and board, and books for each term. Every applicant is encouraged to apply for financial aid that they may be eligible for.

Below are the required documents for an application to be considered complete:

- ✓ Complete application
  - Application
  - Attachement A: Determination of Eligibility
  - Attachement B: Financial need sheet completed by a Financial Aid Officer/Advisor
- ✓ Letter of acceptance from the University/vocational school
- ✓ Letter written to TEF about what your personal goals are for furthering your education
- ✓ Three letters of recommendation on your behalf
- ✓ High School transcripts or University transcripts

Continuing Students are required to turn in:

- ✓ Complete Renewal Application
  - Renewal Data Form
  - Attachment B: Financial need sheet completed by a Financial Aid Officer/Advisor
- ✓ Pervious semester transcript or successful completion

Application deadlines are: August 1st. December 1st, March 1st and May 1st.

Please choose one of these methods for applying:

- ✓ Email: scholarships@tikigaq.com
- ✓ Hand deliver to:

  Tikigaq Corporation Anchorage Office
  301 W Northern light Blvd, Anchorage, AK99503
- ✓ Fax to: 907-365-6250

If you have any questions, please call Sarah Stone at (907)365-6299.

We are pleased that you are pursing higher education and we further encourage you to complete your education endeavor.

Sincerely,

Suege Warton
Tigara Educational Foundation, Inc., President

APPLICATION

817 Qalgi Avenue
Point Hope, AK 99766
Phone: 907.368.2235 or 2453
Fax: 907.368.2668
Website: www.tikigaq.com

TIGARA
Educational Foundation

301 W. Northern Lights Blvd. Ste 660
Anchorage, AK 99503
Phone: 907.365.6299
Fax: 907.365.6250
Email: scholarships@tikigaq.com

	I am applying for:	Application Deadline:
Year: 20 ☐	☐ Fall	August 1st
	☐ Spring/Winter	December 1st
	☐ Spring Quarter	March 1st
	☐ Summer	May 1st

Legal Name: ☐ **Home Phone:** ☐

Other Names Used: ☐ **Cell Phone:** ☐

Date of Birth: ☐ **Mailing Address:** ☐

Email: ☐

UNIVERSITY/VOCATIONAL INSTITUTION

University/Vocational Institution Name: ☐

Financial Aid Officer/Advisor Name: ☐

Mailing Address: ☐

Officer/Advisor Phone: ☐

Officer/Advisor Fax: ☐

Officer/Advisor Email: ☐

EDUCATIONAL STATUS

Type: ☐ **Current Level:** ☐ **Status:** ☐

Anticipated Graduation Date: ☐

Are you able to receive a scholarship from any other ANCSA Regional or Village Corporation (or related subsidiary) outside of the Arctic Slope Region?

☐ **No** ☐ **Yes, please specify:** ☐

By signing, I attest that I have read the entire application packet and understand all the requirements.

Signature: ☐ **Date:** ☐

TEF SCHOLARSHIP APPLICATION

ATTACHMENT A

Determination of Eligibility

HIGH SCHOOL DIPLOMA/GED

High School: _____ ☐ **GED**

City and State: _____ **State Issued:** _____

Graduation Date: _____ **Year:** _____

HISTORY

Have you ever been enrolled in any post-secondary academic or vocational institution? ☐ **No**

☐ **Yes, please list:**

Name	Address	Dates Enrolled

DISCLOSURE STATEMENT

I am a spouse, ancestor, lineal descendant (by blood or adoption), or the spouse of a lineal descendant of any member of the Tigara Education Foundation (TEF) Board of Directors.

☐ **No** ☐ **Yes, please specify:** _____

TEF SCHOLARSHIP APPLICATION

ATTACHMENT B

Financial Need Sheet/Budget Forecast

Student: Please fill out on this top portion then submit to your University/Institution Financial Aid Office

Name: _____ **Student ID:** _____

Address: _____ **Phone:** _____

I give permission for my University/Training Institution to release sensitive (financial and academic) information to the Tigara Education Foundation (TEF).

Signature: _____ **Date:** _____

Financial Aid Office (ONLY): Please complete this form and return it to Tigara Education Foundation. Please complete the **Expenses** portion if **Other Resources** information is unavailable.

Budget Forecast	**Expenses**
Tuition	$
Fees	$
Books	$
Room & Board	$
Other	$
Total:	$

Student is: ☐ Full Time ☐ Part Time

School Calendar runs on:

☐ Semesters # of Semesters

☐ Quarters # of Quarters

☐ Other

Need sheet cannot be completed because:

Other Resources		20__ Fall	20__ Winter	20__ Spring	20__ Summer
	Type of Aid				
Grants	Institutional				
	Alaska Student Loan				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veteran's Benefits				
Loans	Perkins Loan				
	Guaranteed Student				
	Other Scholarships				
	Other				
Personal	Student Contribution				
	Work Program Study				
	AFDC Welfare				
	Other				

Total Resources: $ _____ **Unmet Need: $** _____

FAO Name: _____ Phone: _____ Address:

Email: _____ Fax: _____

FAO Signature: _____ Date: _____

FAO PLEASE SEND COMPLETED FORMS TO:

Email: scholarships@tikigaq.com | **Fax:** 907.365.6250

Mail: TEF Scholarships 301 W Northern Lights Blvd Ste 660, Anchorage, AK 99503

RENEWAL APPLICATION

817 Qalgi Avenue
Point Hope, AK 99766
Phone: 907.368.2235 or 2453
Fax: 907.368.2668
Website: www.tikigaq.com

TIGARA
Educational Foundation

301 W. Northern Lights Blvd. Ste 660
Anchorage, AK 99503
Phone: 907.365.6299
Fax: 907.365.6250
Email: scholarships@tikigaq.com

Year: 20 ☐

I am re-applying for:
- ☐ Fall
- ☐ Spring/Winter
- ☐ Spring Quarter
- ☐ Summer

Application Deadline:
- August 1st
- December 1st
- March 1st
- May 1st

Legal Name: _____ **Cell Phone:** _____

Email: _____ **Mailing Address:** _____

Home Phone: _____

UNIVERSITY/VOCATIONAL INSTITUTION

University/Vocational Institution Name: _____

Major/Vocational Study: _____

EDUCATIONAL STATUS

Type: _____ **Current Level:** _____ **Status:** _____

Anticipated Graduation Date: _____ **Copy of Transcripts Submitted?** ☐

By signing, I attest that I have read the entire application packet and understand all the requirements.

Signature: _____ **Date:** _____

FOR SCHOLARSHIP COMMITTEE USE ONLY

Amount Requested: _____ **Amount Approved:** _____

Authorized Signature: _____ **Date:** _____