

NOTE: Applications MUST be postmarked/faxed/emailed BEFORE or ON the deadline date. Late applications will NOT be accepted.



Combined
Application for
College &
Higher
Education

APPLICATION IS DUE BY THE DEADLINE INDICATED BY EACH ORGANIZATION. OFFICIAL TRANSCRIPTS AND CLASS ENROLLMENT ARE TO BE SENT IN AS SOON AS AVAILABLE TO THE PROPER SCHOLARSHIP ORGANIZATION. **CONTINUING STUDENTS** ARE DEFINED AS THOSE THAT RECEIVED A SCHOLARSHIP FOR THE PREVIOUS TERM AND HAVE MAINTAINED THE GPA AND CREDIT REQUIREMENTS FOR THE PREVIOUS TERM AND THE OTHER REQUIREMENTS STATED BY EACH ORGANIZATION.

Continuing Student Requirements & Deadlines:	BSF	Sitnasuak	Kawerak	NSEDC	NSHC
Required Documents					
Application, pages 3 & 4	Yes	Yes	Yes	Yes	Yes
Official Transcripts	Yes	Yes	Yes	Yes, once a year	Yes
Class Schedule (or course outline for Voc. students)	Yes	Yes	Yes	Yes	Yes
Eligibility Requirements					
Full-time Student (12+ semester credits, 10+ quarter credits, or 9+ graduate credits)	Yes	Yes	Yes	Yes	Yes
Part-Time Student (6-11 semester credits, 6-9 quarter credits or 3-8 graduate credits)	Yes	Yes	Yes	Yes	Contact NSHC
Must show financial need	Yes	No	Yes	Yes	Yes
Terms Funded & Deadlines					
Fall Term Deadline (including students on quarters/trimesters)	June 30	June 30	June 30	June 30	June 30
Spring Term Deadline (including students on quarters/trimesters)	December 1	December 1	December 1	December 1	December 31
Summer Term Deadline (including students on quarters/trimesters)	No	No	April 15	May 30	No
Vocational Training Deadline	2 weeks prior to start of class	2 weeks prior to start of class	No Deadline	2 weeks prior to start of class	Same as Fall & Spring
GPA Requirements					
GPA minimum requirements for college or vocational training	2.5	2.0	2.0	2.0	2.5



Sitnasuak
Foundation



<p>NSEDC: Ph: Toll-free 1-800-650-2248 or 907-274-2248 Fax: 907-274-2249; Email: lladegard@nsedc.com 2701 Gambell Street, Suite 400 Anchorage, AK 99503</p>	<p>NSHC: Ph: 907-443-4508 or 1-888-559-3311 Fax: 907-443-2085 P.O. Box 966 Nome, AK 99762</p>
<p>Bering Straits Foundation Toll-free: 1-800-478-5079 Ph- 907-443-4305 or 907-443-4316 Fax: 907-443-8129 or 907-443-2985 Email: foundation@beringstraits.com P.O. Box 1008 Nome, AK 99762</p>	<p>Kawerak Inc.: Toll-free: 1-800-450-4341 Higher Education Office: Ph: 907-443-4358 Fax:907- 443-4479 Email: wfd.spec@kawerak.org Vocational Office: Ph: 907-443-4388 Fax: 907-443-4479 Email: ltobin@kawerak.org P.O. Box 948 Nome, AK 99762</p>
<p>Sitnasuak Foundation: Shareholder Relations Phone: 1-877-443-2632 Fax: 1-907-375-2910 PO Box 905, Nome, Alaska 99762</p>	

(Note: Applications must be submitted EACH TERM [semester/quarter/trimester/session] you attend school/training

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CACHE – Continuing Applicant Checklist	
	Transcript (<i>check each scholarship organization's policy on unofficial transcripts</i>)
	Class schedule/ Course Outline (<i>must show credits</i>)
	Acceptance letter from school (<i>ONLY IF YOU ARE CHANGING SCHOOLS</i>)

Applications **MUST** be faxed/postmarked/emailed **BEFORE** or **ON** the deadline date; schedules and transcripts can be sent when they become available.

Helpful suggestions:

- Fill out the CACHE Application in PDF form (if possible) using the “typewriter” tool. The application will look much neater and will be easier for the CACHE organizations to read. **Please make sure to print out the application in order to put the required signature and date on it before it is submitted; applications that are not signed and dated are considered incomplete.**
- BSF and SF do NOT accept applications that are filled out in Microsoft Word.
- Use blue or black ink for handwritten applications and print CLEARLY.
- **Follow up with a phone call or email to the organization(s) you have submitted your application to; it is the students responsibility to ask if they have missing documents needed to complete their application.**
- **Prior to Graduating** - Please notify scholarship organizations when you apply for your last term/session

Official Transcript Information:

- Online official transcript is preferred
- An official hard copy sent from your school addressed to each CACHE organization you are applying to
- A faxed copy sent from your school.
- Some organizations will accept your unofficial transcript (from your online school account) as official IF it is sent in PDF form and the URL is visible containing “https” the “s” shows that it is from a secure website. Contact organization(s) to see if they will accept your unofficial transcript from your online account.

Applications must be submitted for EACH TERM (semester/quarter/trimester) a student is attending school/training by the deadlines written on page 1. **Students who are on quarters/trimesters MUST also turn in their application by the required deadlines stated on the previous page for Fall, Spring, Autumn and Summer terms.** Late applications will NOT be considered.

Funding Amounts:

GPA Funding Amounts: PER SEMESTER (please contact organization(s) if you are on quarters or trimesters)					
GPA	Bering Straits Foundation	Sitnasuak Foundation	NSEDC	Kawerak Inc.	Norton Sound Health Corp.
Full Time					
3.0 - 4.0	\$1,000	\$1,000 Under Grad \$2,000 Grad	12+ credits \$3,500	\$1,500/Semester \$1,000/Quarter <i>Non AK Resident- See page 14 of New CACHE</i>	\$1,000
2.5 - 2.99	\$400				\$1,000
2.0 - 2.4	<2.5=Probation Amounts subject to change	Probation	Contact NSEDC	Contact Higher Ed Office	Probation, contact NSHC
< 2.0					
Part Time					
3.0 - 4.0	\$250	\$500 Under Grad \$1,000 Grad	Pro-rated based on credit load	\$750/Semester \$500/Quarter <i>Non AK Resident- See page 14 of New CACHE</i>	Contact NSHC
2.5 - 2.99					
2.0 - 2.4	<2.5=Probation Amounts subject to change	Probation	Contact NSEDC	Contact Higher Ed Office	
< 2.0					
Vocational					
	\$500	\$1,000	\$3,250	Contact Voc. Office	Contact NSHC

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Continuing CACHE

(Applications must be individually sent to each scholarship office)

1. PERSONAL INFORMATION (Please fill out the application COMPLETELY, all information is needed)

Applicant Name (First, Middle & Last):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security # (required):
Your Mailing Address While Attending School (address, city, state, zip) (if not known at this time please provide address ASAP)		Permanent Mailing Address(required): (address, city, state, zip)		
Main Phone # (required):	Cell Phone #:		Home Phone #:	
E-Mail Address (required):		Alternative E-Mail Address:		

2. NAME OF THE SCHOOL YOU ARE ATTENDING, FINANCIAL AID OFFICE ADDRESS & PHONE #

Name of School/Training you will attend:		Financial Aid Office Phone #:	Student ID #:	
Financial Aid Office Address (address,city, state, zip):		# of credits you will take:	Full Time or Part Time (specify):	
		Expected Graduation Date:	Have you submitted your : (if not please send ASAP)	
			<u>Class Sched:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Official Trans.:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Area of Study(i.e. accounting, nursing, CDL, construction) [required]:		<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Certificate <input type="checkbox"/> Vocational Training <input type="checkbox"/> Other _____		
I am will be enrolling as a (required): <input type="checkbox"/> Freshman (0-29 credits) <input type="checkbox"/> Sophomore (30-59 credits) <input type="checkbox"/> Junior (60-94 credits) <input type="checkbox"/> Senior (95 plus credits) <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational Training Student				
Term applying for 20 _____ (please only mark ONE term) You must reapply EACH TERM you are attending school/training Spring _____ Winter _____ Fall _____ Autumn _____ Summer _____ Vocational Training Session _____				
The school operates on <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Vocational Training Sessions (required) First day of instruction: _____ Last day of instruction: _____				

3. ACADEMIC INFORMATION

Last term of higher education completed: <input type="checkbox"/> College -- <input type="checkbox"/> Semester <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Vocational Training		<input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Fall <input type="checkbox"/> Autumn <input type="checkbox"/> Summer
Last Term GPA: _____		Cumulative GPA: _____
Year: 20_____ Total Credits Earned: _____		

DO YOU PLAN TO RETURN TO THE BERING STRAIT REGION AFTER YOUR EDUCATION IS COMPLETE?

____ Yes (community) _____; ____ No ____ Uncertain

4. FINANCIAL INFORMATION (please list the \$ amount applied and/or awarded)

RESOURCES (please list the specific amounts)	\$ Applied		\$ Awarded	
Bering Straits Foundation	\$		\$	
Sitnasuak Foundation	\$		\$	
Kawerak, Nome Eskimo Community, Gambell (BIA scholarships) [<i>specify</i> _____]	\$		\$	
Norton Sound Economic Development Corporation	\$		\$	
Norton Sound Health Corporation	\$		\$	
Regional/Village Corporation [<i>specify</i> _____]	\$		\$	
College Scholarships (academic, athletic, etc.)	\$		\$	
National Guard/Military Benefits	\$		\$	
State of AK DOL (STEP/WIA)	\$		\$	
Free Application for Federal Financial Aid (FAFSA)/Pell Grant	\$		\$	
Loans [<i>specify</i> _____]	\$		\$	
Other [<i>specify</i>](i.e.-education savings, family contributions)	\$		\$	
Self Contribution (i.e.- job income)	\$		\$	
Employment (during school/training)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
RESOURCES TOTALS (Required)	\$ _____		\$ _____	
EXPENSES (please list the specific amounts)				
Tuition	\$			
Fees	\$			
Books	\$			
Supplies	\$			
Meals	\$		Meal Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Room / Rent (for current term)	\$		<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus
Transportation (includes travel to/from school for current term)	\$			
Miscellaneous	\$			
EXPENSES TOTALS (Required)	\$ _____			
TOTAL BALANCE NEEDED (REQUIRED) [Balance needed is: Resources minus Expenses]	<u>REQUIRED</u>			
	\$			

5. STATEMENT OF UNDERSTANDINGI hereby attest that the information contained in this application is true, correct, and complete. The scholarship award(s) will be used to further my education for the program I have enrolled in. I understand that the funds must apply toward tuition, registration fees, books and campus related room and/or board expenses. I understand that any unspent funds will be returned. **I further understand that upon completion of the term for which I received scholarships I will submit an official transcript with the continuing CACHE application to each organization.** Upon my request, the CACHE organizations may share my official transcript with each other. I give permission for Bering Straits Foundation, Norton Sound Economic Development Corporation, Kawerak, Norton Sound Health Corporation and/or Sitnasuak Foundation, to publish my name, photo, school information, or other information I provide in any reports, press releases or publications; and they may share information I provide with each CACHE organization.

(SIGNATURE/DATE REQUIRED) _____