

Norton Sound Health Corporation  
P.O. Box 966 Nome, AK 99762  
Phone: 907-443-4530 Fax: 907-443-2085

### Continuing Scholarship Application

Application deadline for Spring Semester is November 15<sup>th</sup> and June 15<sup>th</sup> for Fall Semesters

Print Clearly in Blue or Black Ink

Name:	DOB:
Soc. Sec. #	Phone Number At School:
Mailing Address at School:	E-Mail Address:
Major Field of Study:	Expected Graduation Date:
Student Home Address:	Student Home Phone Number:
Message Phone:	University/College Attending:
Financial Aid Mailing Address:	City/State/Zip
Financial Aid Phone:	Financial Aid Fax Number:

Please answer to the following. Only answer semester and cumulative GPA's if you know them, otherwise leave them blank.  
Do you plan on returning to the Bering Strait Region after completion of your degree? \_\_\_\_Y \_\_\_\_N

**Official Transcripts**

Date sent: \_\_\_\_\_ Semester GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**Verification of Enrollment**

Date sent: \_\_\_\_\_ # of credits enrolled in Spring / Fall Semester: \_\_\_\_\_  
(circle one)

**Class Standing:**

Freshman (0-29 credits)  Sophomore (30-59 credits)  Junior (60-94 credits)  
 Senior (95 + credits)  Graduate  Other \_\_\_\_\_

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**For office use only:**

Official Transcripts: Received  Yes  No date: \_\_\_/\_\_\_/\_\_\_  
Verification of Enrollment: Received  Yes  No date: \_\_\_/\_\_\_/\_\_\_  
Continuing Scholarship Application received within due date:  Yes  No date: \_\_\_/\_\_\_/\_\_\_  
Student meets scholarship guidelines:  Yes  No  
Student awarded:  Yes  No Check Request Completed:  Yes  No date: \_\_\_/\_\_\_/\_\_\_

### Financial Information

Your annual net income:	Spouse's annual net income:			
Total # of dependents (including yourself): _____				
Complete information for the fall and spring terms. Use the "pending" columns to indicate scholarships you have applied for but have not found out if you have received them.				
REVENUE	Fall Year:	Pending Fall	Spring Year:	Pending Spring
Summer/Current Employment				
Part-time Employment During School				
Savings				
Parents and/or Other Relatives				
BIA Scholarships (i.e.Kawerak, Gambell IRA)				
Regional/Village Corporation				
College Scholarships (academic, athletic, etc.)				
Loans (specify)				
Dividends (Permanent Fund, Native Corp. etc.)				
National Guard/Military Benefits				
Social Security Benefits				
Vocational/Rehabilitation Benefits				
Other (i.e. NSEDC, Lions Club, etc.)				
<b>TOTALS</b>	\$	\$	\$	\$

Expenses	Fall		Spring	
Tuition				
Fees				
Meals				
Room				
Books/Supplies				
Transportation				
Miscellaneous				
<b>TOTALS</b>	\$		\$	
	Fall without pending awards included in revenue	Fall with pending awards included in revenue	Spring without pending awards included in revenue	Spring with pending awards included in revenue
<b>TOTAL BALANCE NEEDED</b> (Revenue minus Expenses)	\$	\$	\$	\$

# CHECK OFF LIST

I have included the following items with my application (check off each item you included) and if I don't have the item I have explained when it will be sent below the item.

\_\_\_\_\_ Continuing Scholarship Application.

\_\_\_\_\_ If you are no longer pursuing a Health Care degree/training program, you must submit a letter explaining how the degree/training program is Health Care related.

\_\_\_\_\_ Official Transcripts for the semester/quarter you are completing. Have the school mail your transcripts to NSHC. You may also send unofficial transcripts to get the process started.

\_\_\_\_\_ If you are awarded a continuing scholarship, you must have the school send NSHC Verification of Enrollment for the semester/quarter you are being funded.

## Continuing Scholarship Guidelines:

- NSHC applies Native preference to the Scholarship Program.
- Must be a high school graduate or successfully attained a GED.
- Must be accepted into an accredited two or four year academic program in a Health Care or Health Care related field.
- Must be able to show financial need after other sources of funding have been considered.
- Must inform NSHC Education and Training Office of any changes with address, phone number, school, withdrawal from school, change in degree, etc.
- Must maintain a GPA of 2.5 or better semester/quarter GPA. Failure to do so will place you on probation or drop you from the program.
- Must maintain a minimum of 12 credits for undergraduates and a minimum of 6 credits for graduates. Failure to do so will place you on probation or drop you from the program.
- Continuing Applications must be submitted each semester to apply for continued funding. It is your responsibility to request a Continuing Application.

I am aware that scholarship applications must be submitted each semester and received by the following deadlines:

Fall terms	May 15
Spring terms	November 15

I hereby attest that the information provided in this application is true, correct and complete. If awarded a scholarship from NSHC, it will be used to further my education while attending college, university or vocational school.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date