

Norton Sound Health Corporation  
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### ***Continuing Scholarship Application***

*Application deadline for Spring Semester is November 30 and April 30 for Fall Semesters*

**Please read the following information on you and make any corrections to the right of the information. If there is a blank space, please fill it in.**

**Term:** \_\_\_\_\_  
**First day of classes begin on:** \_\_\_\_\_

**Name:**  
**DOB:**  
**SS#:**  
**Major:**  
**Graduation Date:**  
**Probation:**  
**Probation Period:**

**School:**  
**Financial Aid Address Box:**  
**Financial Aid Physical Address:**  
**City/State/Zip:**

**Student School Address Box:**  
**Student School Physical Address:**  
**City/State/Zip:**  
**Phone Number:**  
**E-Mail Address:**

**Home Address Box:**  
**Home Address Physical Address:**  
**City/State/Zip:**  
**Phone Number:**

*Please answer to the following. Only answer semester and cumulative GPA's if you know them, otherwise leave them blank.*

What is your major: \_\_\_\_\_  
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:**

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

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**For office use only**

Official Transcripts:      Verification of Enrollment:      Scholarship Awarded: \_\_\_\_Y \_\_\_\_N