



# 2016 Scholarship Application Form

## Personal Data

Name: \_\_\_\_\_  
Full Name

Maiden Name: \_\_\_\_\_

Male/Female: Male \_\_\_\_ Female \_\_\_\_

Date of Birth: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_  
Full Name

## Current Contact Information

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State/Province/Region Postal/Zip Code

Home Phone: \_\_\_\_\_ - \_\_\_\_\_  
Area Phone Number

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_  
Area Phone Number

## Eligibility

*Applicant must have tribal affiliation to be considered for the scholarship.*

Are you Alaska Native or American Indian? Yes \_\_\_\_ No \_\_\_\_

Are you enrolled in a federally recognized Tribe? Yes \_\_\_\_ No \_\_\_\_

Name of Tribe: \_\_\_\_\_

Are you an Alaska Resident? Yes \_\_\_\_ No \_\_\_\_

## Current School Education/Certificate Program Information

College/University or Certificate Program \_\_\_\_\_

Website: \_\_\_\_\_

School Address \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State/Province/Region Postal/Zip Code

Field of Study \_\_\_\_\_

Degree Program: Associate \_\_\_\_ Bachelor \_\_\_\_ Master \_\_\_\_ Doctor \_\_\_\_

Level of Study: Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Graduate \_\_\_\_

Term Start Date: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_



Number of Credits Taking: \_\_\_\_ (0-30)  
 Education Program: Semester \_\_\_\_ Quarter \_\_\_\_ Trimester \_\_\_\_  
 University or Certificate Program Enrolled In: \_\_\_\_\_ (College/University)  
 Program Address: \_\_\_\_\_

Street Address  
 \_\_\_\_\_  
 City State/Province/Region Postal/Zip Code

Start Date: \_\_\_\_\_  
 End of Graduation Date: \_\_\_\_\_

Major: \_\_\_\_\_  
 Degree Earned: \_\_\_\_\_

Credits Earned: \_\_\_\_\_

Graduating High School: \_\_\_\_\_

High School Address: \_\_\_\_\_  
 Street Address

\_\_\_\_\_ City State/Province/Region Postal/Zip Code

Graduation Date: \_\_\_\_\_

**Additional School Attended with Month & Year**

School Attended: \_\_\_\_\_

School Attended 2 \_\_\_\_\_

*I do hereby attest that the information I have provided and included in this application is true, correct, and complete. I do understand that the proceeds of the ANTHC Scholarship, if approved, will be used to further my education in the educational program where I am. If for any reason the scholarship is not used, the full amount or any portion of it is refundable to ANTHC. I do understand that I will need to submit my ANTHC Scholarship Recipient Agreement and Course Schedule to the Education and Development office within ten (10) working days of the start of the semester/quarter/trimester. I do understand that I will need to submit my official transcripts within (15) working days upon completion of the semester/quarter/trimester. In order to continue to receive the ANTHC Scholarship, I understand that I must maintain a GPA of at least 2.5, for each semester/quarter/trimester in which I am enrolled and I understand that I must maintain an enrolled status as a student during the current semester/quarter/trimester; complete and pass the program or semester. By typing your name in the space below you understand and agree that this action is your agreement to be bound electronically as the same as signing this form, I agree that I have read and understand the above "STATEMENT OF CERTIFICATION" and, if approved, agree to abide by the terms and conditions of the scholarship.*

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Mail To: Alaska Native Tribal Health Consortium  
 Education, Development and Training Department  
 3900 Ambassador Drive, Suite 101  
 Anchorage, AK 99508**