

OHSF Short-Term Scholarship Program

Old Harbor Scholarship Foundation, Inc., has a short-term scholarship program and is accepting applications from OHNC shareholders and Descendants who are in need of financial assistance to attend short-term training to enhance their work or career opportunities.

Recipients may be awarded up to \$1000 and one per scholarship, depending on the cost and length of the training; maximum one scholarship per program and one scholarship per calendar year.

NOTE: *The scholarship program is limited by budget, therefore some eligible applicants may not be awarded a scholarship and there is no guarantee of funding.* The eligibility and other requirements are:

1. A Shareholder or Descendant of Old Harbor Native Corporation
if a Descendant you must submit the Descendants form if OHNC does not have on file.
2. Submit a complete scholarship application
3. Provide letter of acceptance
4. Show financial need
5. Attach a **letter of statement** that outlines:

- Personal history- Please provide information about yourself and your family. This should include plans for the future and other related information. As you are applying for an award based on your status and Alaskan Native, you should describe how your education would contribute to your community.

- Educational Plans- How your training will relate to your employment goals.

- Benefit Statement- Employment improvements and or opportunities after completion of the training or help you advance in your career.

Mail your completed application to:

Old Harbor Scholarship Foundation, Inc.
2702 Denali Street Suite 100
Anchorage Alaska 99503
Fax: 907.276.3441
Or scan and email to:

For additional information contact our Anchorage office at 907.278.6100 or Toll Free 877.582.6100

Short-Term Scholarship Application

PERSONAL INFORMATION

Name _____ Date of Birth _____
Address _____ SSN _____
City _____ State _____ Zip Code _____ Home Number _____
email _____ Cell Number _____

Are you a current OHNC Shareholder Yes NO

If not, what is the relationship to shareholder: _____

*** **NOTE:** Applicants must complete and sign page two of this application ***

TRAINING INFORMATION

School/Company offering the training: _____

Address _____

City _____ State _____ Zip Code _____

Institution Number _____ Fax Number _____

Have you applied Have you been accepted Contact Person _____

Dates you plan to attend: _____

Type of certification expected upon completion: _____

BUDGET INFORMATION

School budget for the program you plan to attend. (Include fees, tuition, registration, books, supplies, etc.)

Cost	_____	Funding Sources	_____
Fees/Tuition	_____	Student Employment	_____
Books/Supplies	_____	Student Savings	_____
Miscellaneous	_____	Other Sources	_____
Total	_____	Total Financial Need	_____

Last Name _____ First Name _____ MI _____

SSN _____ *Last 4 Digits Only*

Eligibility: To receive a scholarship administered by OHSF, you must be an OHNC shareholder or descendant. Please check all that apply:

I am a shareholder of OHNC

I am a descendant of a shareholder whose name is _____

I, _____, hereby attest that the information that I have provided and which is contained in this application is true, correct and complete.

I understand that this application does not commit the Old Harbor Scholarship Foundation, Inc.; to award an educational scholarship or to pay any costs incurred in the submission of this application. I also understand that the action taken by the awards committee is final.

I, _____, hereby authorize the release of any information or portion of this application by the OHSF staff as necessary to assist me in obtaining financial assistance. I also authorize the release of information or photo for promotional purposes for the Old Harbor Scholarship Foundation, Inc.; and to Release of information to Old Harbor Native Corporation or its' family of companies for potential internship or employment opportunities may also be included.

I also agree that if I am approved for a scholarship and I do not attend the training as scheduled without notifying the OHSF staff administering the Scholarship Program, I will be ineligible to apply for one year.

I have read and understand the above statements and will abide by the conditions of the award, if approved.

Signature _____

Date _____