

OHSF Career Enhancement Scholarship Program

Old Harbor Scholarship Foundation, Inc., has a Career Enhancement scholarship and accepts applications from OHNC Shareholders and Descendants who desire to attend short-term training or job enhancement programs to enhance their work or career opportunities.

The Career Enhancement scholarship is for eligible individuals enrolled in non-degree programs such as licensing and certification trainings, workshops or other career advancing programs.

Recipients may be awarded up to \$2000 and one per scholarship, depending on the cost and length of the training. Eligible applicants will receive a scholarship regardless of need. A maximum of \$2000 may be awarded to an eligible applicant per calendar year.

The eligibility and other requirements are:

1. You are a Shareholder or Descendant of Old Harbor Native Corporation.
If you are a Descendant, you must include the Descendants form if OHNC does not have on file.
2. Submit your completed application. It will not be considered if it is incomplete.
3. Provide letter of acceptance of place attending
4. Show budget sheet information
 - If there are required supplies, please provide documentation directly from the institution or training listing the supplies and cost.
5. Attach a **letter of statement** that outlines:
 - Your employment/training goals
 - How your training will relate to your employment goals
 - Employment opportunities after completion of the training

Mail your completed application to:

Old Harbor Scholarship Foundation, Inc.
2702 Denali Street Suite 100
Anchorage Alaska 99503

You can fax to: 907.276.3441
or email to: ohsf@oldharbor.org

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

Career Enhancement Scholarship Application

PERSONAL INFORMATION

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

Are you an 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	_____
Required Supplies	_____	Student Savings	_____
Required Books	_____	Other Sources	_____
Total	_____	Total Financial Need	_____

Last Name _____ First Name _____ MI _____

SSN _____

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 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 _____

Send completed application to:
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Anchorage Alaska, 99503
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email: ohsf@oldharbor.org