



# Short-Term 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 \_\_\_\_\_

Books/Supplies \_\_\_\_\_ Student Savings \_\_\_\_\_

Miscellaneous \_\_\_\_\_ 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:  
Old Harbor Scholarship Foundation, Inc. ☐☐  
2702 Denali Street Suite 100 ☐☐  
Anchorage Alaska, 99503  
Ph: 907.278.6100 Fax: 907.276.3441 ☐☐  
email: [ohsf@oldharbor.org](mailto:ohsf@oldharbor.org)