Arctic Native Brotherhood

P.O. Box

Nome, Alaska 99762

High School Graduate

Scholarship Application

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| --- |
| Applicant Information |
| Last Name:  | First Name: | MI: |
| Address: |
|  |  |
|  |
| Email Address: |
| Phone Number: ( )-  | DOB:  | Social Security #: |

|  |
| --- |
| Education |
| High School: |
| Address: |
|  |  |
|   |
| Year Graduated:  | GPA: |
|  |
| Name of College/University you are planning to attend: |
| Address: |
|  |  |
|  |
| Phone Number: |
| Major field of study: |
| Start date of Classes: |
| Total credits you are enrolled for: |
| **[ ]** 2 year program | **[ ]** 4 year program | **[ ]** Graduate School |

|  |
| --- |
| Other scholarships & sources of financial aid you have applied for*(Include state and federal aid)* |
| Source | Amount Applied For | Date of Award and Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Personal Estimate | School Expenses |
| Student Contributions/Savings  | $ | Tuition | $ |
| Parents | $ | Books | $ |
| Financial Aid/Scholarship/Loans | $ | Fees | $ |
| Total Student Resources | $ | Supplies | $ |
|  |  | Room | $ |
|  |  | Transportation | $ |
|  |  | Miscellaneous | $ |
|  |  | TOTAL |  |
| TOTAL BALANCE NEEDED | $ |

NOTE: To be eligible for 2nd semester award, you must forward your official transcript to ANB.

# ANB MEMBERSHIP

Applicants affiliation and/or family member (parent or legal guardian) affiliation with Arctic Native Brotherhood.

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####  ANB Member Relationship

Membership information can be obtained from the ANB office at 443-2666.

[ ] Letters of recommendation

[ ] Letter of intent stating your educational goals and plans after completion of school

[ ] Personal profile

[ ] Grade point average (GPA)

[ ] Official transcript

[ ] Current photograph

[ ] Letter of acceptance from school you are planning to attend