



AKHIOK-KAGUYAK, INC

VOCATIONAL SCHOLARSHIP APPLICATION
AKHIOK-KAGUYAK, INC.
 1400 W BENSON BLVD., SUITE 425
 ANCHORAGE ALASKA 99503
 PHONE: 907-258-0604 FAX: 907-258-0608
 pam.rodriquez@aki-kodiak.com

For Office Use Only (Date Stamp)

Date of Application _____

Name:		Social Security Number:
Permanent Contact (Home) Mailing Address:		Permanent Phone Number:
Mailing address while at college:		Phone Number:
Email address(es):		Recent GPA:
Date of Birth:	Gender: [] Male [] Female	Marital Status: [] Married [] Single
College Name and Financial Aid Office address you will be attending:		Financial Aid Office Phone:
College term Type: [] Quarter [] Semester [] Internet [] Distance Ed/Correspondence		
College term beginning dates: Summer: _____ Fall: _____ Winter: _____ Spring: _____		
Expected Degree: [] Associate [] Baccalaureate [] Masters [] Doctorate		Expected Graduation Date:
Degree Program & Major:	Class Standing: [] Freshman [] Sophomore [] Junior [] Senior [] Graduate	
Financial Outline		

Resources

Pell Grant	\$
Parent/Self Contribution	\$
AKI Grant or Scholarship	\$
Student Loan or Other	\$
Total Resources	\$

College Budget

Tuition	\$
Fees	\$
Books	\$
Supplies	\$
Total College Budget	\$

Total Resources	\$
Minus College Budget	\$
Remaining Need	\$

Verification and Release of Information

I understand that if my application is postmarked after the deadline of one month (30 days) prior to the start of school or is incomplete and does not include ALL of the above outlined documentation my application will not be considered by the Scholarship Committee.

I certify that the information provided in this application is true and correct to the best of my knowledge and ability. I understand that any misrepresentation or any concealment of information will be sufficient grounds for rejection of this application or loss of scholarship award.

I understand that immediately upon completion of each term or semester I must submit an official copy of my transcript/grades.

I agree to abide by the terms and conditions of the Akhiok-Kaguyak Scholarship Program, and understand that failure to comply may result in the loss of a scholarship.

I authorize Akhiok-Kaguyak Incorporated to use any photos that I may submit for promotional purposes.

I authorize release of information now and beyond the period of my scholarship award from colleges regarding academic status, acceptance letters, notice of probation, and financial aid to the AKI Scholarship Program.

I also authorize now and beyond the period of my scholarship award the release of my name; community; school; major fields of study or program; special honors; GPA and graduation dates for use by AKI for educational and/or public relations use.

Signature of Applicant:

Printed Name:

Date: