

Akhiok-Kaguyak, Inc
College/University Scholarship Application



Date of Application _____	
New Student	Returning Student
Student Name _____	Social Security # (last 4 digits) _____
Student ID (returning) _____	
Permanent Mailing Address _____	Phone Number _____
College Mailing Address _____	Cell Number _____
Email Address _____	Recent GPA _____
DOB _____ Gender M F	Marital Status (check one) Married Single
College/University Name _____	
	Financial Aid Office Number _____
Financial Aid Address (where to send check) Attn: _____ Address: _____	Are you living on campus? Yes No
College Term Type: Quarter Semester Trimester	
Class Starts (date) Summer Fall Winter Spring <i>Example: 8/19/2022</i>	
Deadline for payment (date) _____	
Expected Degree Associate Baccalaureate Masters PHD	
Expected Graduation Date _____	
Degree Program or Major _____	
Class Standing Freshmen Sophomore Junior Senior	
Masters Program 1st year 2nd year 3rd year	
PHD Program 1st year 2nd year	

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Financial Outline

Funding Sources

Pell Grant _____
 Other Scholarships _____
 Self/Parent Contributions _____
 Other Contributors _____

Total _____

Expenses

Tuition _____
 Fees _____
 Books _____
 Supplies _____
 Other Charges _____

Total _____

Total Funding Sources _____
 Minus Expenses _____
Amount Needed _____

Student Signature X _____

OFFICE USE

AKI Scholarship Award: \$ _____

	Approve	Need More Info	Date	Initials
Shareholder Relations Manager			_____	_____
Director of Shareholder Programs			_____	_____
CFO			_____	_____

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