



Natives Of Kodiak

Neil Sargent Career Development Scholarship Application

Program Goal: The **Neil Sargent Career Development Scholarship** is designed to assist shareholders seeking to enhance employment options or advance in their careers through non-degree seeking courses, licensing, or certification programs offered on Kodiak Island. Applicants may receive up to \$1,000 annually. Applications are accepted until funding is exhausted. Natives of Kodiak, Inc. is administering the Neil Sargent Career Development Scholarship with funding made available through the Natives of Kodiak, Inc. Scholarship Fund.

Eligibility: Applicants must be:

- Shareholders or direct lineal descendants (including legally adopted children) of a living, voting shareholder;
- Seeking to enhance employment options or career advancement; and
- Utilizing opportunities offered on Kodiak Island.

Application Checklist: Please complete each section of the application. Ensure that all attachments, identified by a are enclosed with your application.

I. Eligibility

- Applicant's Birth Certificate (required of first time applicants only)
- Letter of Acceptance/Registration Information

II. Personal Information

III. Disbursement of Funds

IV. Expenses

V. Personal Statement & Photo

- Personal Statement & Photo

VI. Applicant Signature

Deadline: Open until funding is exhausted.

All applications must be **complete** and sent in **one** packet to:

SCHOLARSHIP COMMITTEE, Natives of Kodiak, Inc.
215 Mission Road, Suite 212
Kodiak, Alaska 99615
(907) 486-3606/(800) 648-8462
Email: shareholders@nativesofkodiak.com

Applicant's Name _____

Neil Sargent Career Development Scholarship Policy and Procedures

Review Process: The Scholarship Committee is comprised of five members: two Natives of Kodiak, Inc. (NOK) Directors and three NOK shareholders, or descendants of shareholders, selected and appointed by the NOK Board of Directors based on their knowledge and interest in the educational development of Alaska Natives.

Scoring System: Applications are scored on completeness and adherence to the goals of the program.

Disbursement of Funds: Scholarship funds are disbursed by Natives of Kodiak, Inc. through the recipient's school and must be used to offset bona fide fees and tuition expenses. Any funds not used by the recipient must be returned to Natives of Kodiak, Inc.

SECTION I. ELIGIBILITY

Applicant Name: First _____ MI _____ Last _____

Are you a voting shareholder of Natives of Kodiak, Inc.? Yes No

If yes, provide your shareholder ID Number: _____

If no, please provide the name of your *living, direct lineal relative* who is a voting shareholder of Natives of Kodiak, Inc. (A lineal relative is a parent, grandparent or great-grandparent. Biological and legally adopted children of voting shareholders are eligible to apply.)

Name, address, shareholder ID, social security number and phone number of living, voting, direct lineal NOK shareholder relative:

Name: _____

Shareholder ID #: _____

Address: P.O. Box/ Street Address/City/State/Zip Code: _____

Social Security #: _____

Phone #: _____

Your relationship to the living, voting NOK shareholder listed above: _____

Note: First time applicants must include a copy of their birth certificate, for identification purposes.

Applicant's Name _____

SECTION II. PERSONAL INFORMATION

Applicant Name: First _____ MI _____ Last _____

Gender: Male Female

Are you an Alaskan resident? Yes No

DOB: _____

Place of Birth: _____

Permanent Address (P.O. Box/Street Address/City/State/Zip Code):

Email Address: _____

Phone Number: _____

Current Employment:

Employer/Business: _____ Position: _____

SECTION III. DISBURSEMENT OF FUNDS

Name of course or training opportunity: _____

Name of the institution offering course: _____

Dates of the course or training: (from) _____ (to) _____

Scholarship money is sent directly to the school or training institution. Please provide the address of the school's Financial Aid Office or the address where training funds should be distributed:

School or Training Institution Address P.O. Box/Street Address/City/State/Zip Code:

Email Address: _____

Phone Number: _____

Applicant's Name _____

SECTION IV. EXPENSES

Expenses	Amount
Tuition and Fees	\$ _____
Textbooks and Supplies	\$ _____
Transportation	\$ _____
Personal Expenses (please itemize below)	

Total of Personal Expenses itemized above:	\$ _____
TOTAL EXPENSES:	\$ _____

SECTION V. PERSONAL STATEMENT: Please respond in an attached, typed statement to the following prompt:

Please discuss your employment goals, how this training will assist you in achieving those goals and how your education or career will benefit the Alutiiq community.

SECTION VI. APPLICANT SIGNATURE:

- I hereby certify that the information provided in this application is true and correct.
- I will attend the identified course or training opportunity.
- All Natives of Kodiak, Inc. funds dispensed to me, or on my behalf, will be used for the educational expenses itemized in this application. I understand that if I violate this pledge, I may be required to reimburse Natives of Kodiak, Inc., in full or part for funds dispersed to me.
- I will send the Natives of Kodiak, Inc. proof of completion of this course or training opportunity.

Applicant's Signature

Applicant's Printed Name

Date

Applicant's Name _____