



## Natives of Kodiak, Inc. YOUTH SCHOLARSHIP PROGRAM

*Natives Of Kodiak*

### Eligibility

The Youth Scholarship is available to:

- NOK Shareholders
- Descendants of NOK Shareholders (lineal descendant of a voting Shareholder)
- Descendants includes Adoptees

### Scholarship

Funding is limited to \$250 per student, per year. This Scholarship can be used for:

- Athletic, scholastic, cultural and leadership trainings, camps or events
- Culture camps, sports camps, leadership events and music or other trainings.

Funding for the program will be evaluated annually.

There is no deadline to submit an application. Applications will only be considered until funds are depleted in any calendar year.

### Who May Apply?

Voting Shareholders of NOK who are Alaska Native.

Any lineal Descendant of an Alaska Native Shareholder, including adoptees.

Applicant must be attending elementary, middle or high school at the time of application.

Applicant must be accepted to, enrolled in, or registered to participate in an athletic, scholastic, cultural or leadership training, camp or event.

### Application Process

Application packets must be complete when submitted. *Incomplete applications will be rejected.*

A complete packet will consist of:

- The completed application form
- The Student Pledge
- Letter of acceptance from the course provider or a copy of an enrollment or registration form.

### Review Process

Packets should be delivered (via mail, fax, or email) to the NOK office in Kodiak, Alaska.

Staff will review applications for completeness and eligibility.

Staff will notify the applicant of the status of their award once it has been reviewed.

### Disbursement of Funds

Awards are available until funds budgeted for the year have been depleted. Scholarship Funds will be disbursed directly to the educational institution or program in one payment or reimbursed to the recipient upon proof of receipt.



### SUBMIT THE APPLICATION PACKET:

#### Hand Deliver or Mail to:

Natives of Kodiak, Inc.  
215 Mission Road, Suite 212  
Kodiak, Alaska 99615

#### By Email to:

[shareholders@nativesofkodiak.com](mailto:shareholders@nativesofkodiak.com)

#### By Fax to:

(907) 486-2745

Questions? Feel free to give us a call at (907) 486-3606 or (800) 648-8462.



Natives Of Kodiak

# NATIVES OF KODIAK, INC. YOUTH SCHOLARSHIP APPLICATION

## Applicant Information

|   |  |              |  |                |  |
|---|--|--------------|--|----------------|--|
| Applicant's Full Name:  |  |              |  |                |  |
| Mailing Address:  |  | Age:         |  | Date of Birth: |  |
| City, St, Zip:  |  | School Name: |  | Grade:         |  |
| Phone:  |  | Email:       |  |                |  |
| If applicant is a shareholder, provide your NOK Shareholder ID Number here: |  |              |  |                |  |

## Eligibility

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| I am a: <input type="checkbox"/> Shareholder <input type="checkbox"/> Descendant of a Shareholder |  |                                      |  |
| If Descendant, name Shareholder you are descended from:   |  | Shareholder ID No. or Date of Birth: |  |
| Shareholder Email:  |  | Shareholder Phone:                   |  |

## Program Information

|   |  |              |                |
|---|--|--------------|----------------|
| <b>Provide Information about the Training, Camp, or Event you will be attending.</b>    |  |              |                |
| Dates you will be attending the Camp, Training, or Event?    From: _____ To: _____      |  |              |                |
| Name of Program (Camp, Event, Training) you will be attending:<br>_____                 |  |              |                |
| Amount of Scholarship Requested:    \$ _____<br><i>(See Budget Worksheet on page 2)</i> |  |              |                |
| <u>Mail Scholarship Check to:</u>   |  |              |                |
| Program/Company Name: _____   |  |              |                |
| Company Contact: _____  |  |              |                |
| Mailing Address: _____  |  |              |                |
| Address   |  | City         | State      Zip |
| Email Address: _____  |  | Phone: _____ |                |

Please **attach proof of registration/enrollment with your application**; this can be an email confirmation, letter of acceptance, or a copy of the registration/enrollment form you submitted.

**BUDGET**

**Direct Expenses:**

**Registration and Enrollment Fees** \$ \_\_\_\_\_

Special/Required Equipment, Uniforms Materials & Supplies: \_\_\_\_\_ \$ \_\_\_\_\_

Training Related Living Expenses

    Hotel \$ \_\_\_\_\_

    Meals \$ \_\_\_\_\_

    Travel \$ \_\_\_\_\_

    Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**Anticipated Personal & Other Resources**

    Personal Contribution \$ \_\_\_\_\_

    Other \_\_\_\_\_ \$ \_\_\_\_\_

    Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL RESOURCES:** \$ \_\_\_\_\_

**TOTAL NEED:** (Total Expenses – Total Resources = Total Need) \$ \_\_\_\_\_

**Student Pledge**

I have applied to attend the training, event or camp indicated on this application and I agree to follow all rules and attendance requirements of the training, event or camp to the best of my ability. I will complete the training, event or camp. I agree that the funds issued to me by NOK will be applied toward the expenses outlined in this application or the funds will be returned/repaid to NOK. I agree to use those funds for the purpose intended.

I have read and I understand all of the Youth Scholarship Program Guidelines and I agree to comply in full. I understand that my violation of the Youth Scholarship Program Guidelines or any agreement or certification in this Student Pledge may result in NOK imposing against me the penalties set out in the Youth Scholarship Program Guidelines, including but not limited to a requirement to repay or return funds to NOK, withholding of funds by NOK, and the rejection of future applications from me.

I acknowledge that NOK may require scholarship funds be returned to NOK if I fail to attend the training/camp/event for which I have been funded. If I fail to return the funds to NOK, future applications will not be considered.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ I give permission for my name, grades and award information to be published in the NOK  
(Initials) newsletter and/or online by NOK for the purpose of discussing the scholarship and grant program.