



Natives Of Kodiak

NOK BENEFITS TRUST

Neil Sargent Career Development Scholarship Application

Program Goal

The Neil Sargent Career Development Scholarship is designed to assist shareholders and descendants of shareholders seeking to enhance employment options or advance in their careers through non-degree seeking courses, licensing, or certification programs. Applicants may receive up to \$2,500 annually.

There is no deadline to apply; applications are accepted year-round or until funding in any one calendar year 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 shareholder;
- Seeking to enhance employment options or career advancement.

Application Checklist

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

APPLICATION CHECKLIST

Please fill out the application completely and ensure that all requested documents listed below are enclosed with your application:

- Applicant's Birth Certificate (*Original or certified* birth certificate required of **ALL** applicants)
- Acceptance Letter/Proof of Attendance
- Personal Information
- Disbursement of Funds
- Expenses
- Personal Statement & Photo
- Applicant Signature

Submit application by mail, email or fax to:

Natives of Kodiak, Inc. | Attn: Scholarship Committee
215 Mission Road, Suite 212 | Kodiak, Alaska 99615

Email: shareholders@nativesofkodiak.com

Fax: (907) 486-2745

Phone: (907) 486-3606 | Toll-Free (800) 648-8462

Neil Sargent Career Development Scholarship Policy & Procedures

Review Process

The Scholarship Committee is comprised of six members; three 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 to 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 NOK.



Natives Of Kodiak

NEIL SARGENT CAREER DEVELOPMENT SCHOLARSHIP

I. ELIGIBILITY

Applicant Name

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

If you answered **no** above, you must provide information below for the **Direct Lineal Relative** who is a shareholder of Natives of Kodiak, Inc.

Applicant Information

Applicant Mailing Address	SH ID Number:	Date of Birth
City State Zip	Home Phone	Cell Phone
Student Address While at School	Email	
City State Zip	<input type="checkbox"/> New Applicant <input type="checkbox"/> Repeat Applicant	

Direct Lineal Relative Information

Direct Lineal Relative Name	Relationship	SH ID Number:
Mailing Address	Home Phone	Cell Phone
City State Zip	Email:	

II. PERSONAL INFORMATION

Place of Birth (City/State)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you an Alaska Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current Employment

Employer/Business	Position
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III. DISBURSEMENT OF FUNDS

Course or Training Opportunity	Course Dates	
Institution Name	From	To

Applicant Name: _____

School or Training Institution

Scholarship funds are 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:

<i>School Name</i>	
<i>Address</i>	<i>Phone</i>
<i>City/State/Zip</i>	<i>Email</i>

IV. EXPENSES

Expenses	Amount
Tuition and Fees	
Textbooks and Supplies	
Transportation	
Personal Expenses (please itemize below)	
Total of Personal Expenses Itemized Above:	
TOTAL EXPENSES:	

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.

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 disbursed 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 in part for funds disbursed to me.
- I will send to the Natives of Kodiak, Inc. proof of completion of this course or training opportunity.

<i>Applicant Signature</i>	<i>Date</i>
<i>Applicant Printed Name</i>	

Applicant Name: _____