



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. Lineal descendant is a person (child, grandchild, great-grandchild) who is blood related or legally adopted.
- **Include a copy of Applicant's Birth Certificate with application.**
- Be seeking to enhance employment options or career advancement and provide proof of enrollment.

#### **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** (*Copy of certified birth certificate required of **ALL** applicants*)
- Acceptance Letter/Proof of Attendance
- Personal Information
- Disbursement of Funds
- Expenses
- Personal Statement & Photo
- Applicant Signature

## **Neil Sargent Career Development Scholarship Policy & Procedures**

### **Review Process**

The Scholarship Committee is comprised of six members; three NOK Benefits Trust (NOK BT) Trustees and three NOK Shareholders, or descendants of shareholders, selected and appointed by the NOK Benefits Trust Board of Trustees, 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 BT.

**Submit application by mail, email or fax to:**

**NOK Benefits Trust | Attn: Scholarship Committee  
215 Mission Road, Suite 212 | Kodiak, Alaska 99615**

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

**Fax: (907) 486-2745**

**Questions? Please call:**

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



Natives Of Kodiak

# NOK Benefits Trust 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 living **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
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### Current Employment

Employer/Business	Position
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## III. DISBURSEMENT OF FUNDS

Course or Training Opportunity	Course Dates	
	From	To
Institution Name		

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:

School Name	
Address	Phone
City/State/Zip	Email

### IV. EXPENSES

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

### 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 Scholarship 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 the NOK Benefits Trust, in full or in part, for funds disbursed to me.
- I will provide, to NOK, proof of completion of this course or training opportunity.

Applicant Signature	Date
Applicant Printed Name	

Applicant Name: \_\_\_\_\_