



FREDERICK C. LEKANOFF SCHOLARSHIP APPLICATION

All information requested is voluntary; however, failure to fully complete all applicable parts may result in delayed processing of this application or make it impossible to process at all.

Name: _____
Last First Middle Maiden

Address: _____
Street or P.O. Box City State Zip

Email Address: _____ Telephone: _____

DOB: _____ Sex: _____ Marital Status: Single Married Divorced Separated

No. of Dependents: _____ Veteran: Yes No State of Residency: _____

Tribal Affiliation: _____ Enrollment No. _____

Name & Address of High School: _____

Street or P.O. Box City State Zip

Type of High School: BIA Tribal Mission Public Graduation/GED Date: _____

APPLICATION REQUEST:

Academic Year Spring Only Fall Only Summer Only Full Time Part Time

Name & Address of College Selected _____

Street or P.O. Box City State Zip

College Major: _____ Expected Graduation Date: _____

Expected Degree: AA BA BS MA Other: _____

Year in College: Freshman Sophomore Junior Senior Graduate

I will live on: On Campus Off Campus With Parents

Have you received a scholarship grant from the Qawalangin Tribe before? Yes No

If yes, what year? _____ Number of Semester Hours Earned: _____ Quarter Hours Earned: _____

STATEMENT OF EDUCATION PURPOSE: I declare that I will use funding I receive under the Qawalangin Tribe of Unalaska Frederick C. Lekanoff Scholarship Program solely for expenses connected with attendance at:

Name of Institution: _____

PRIVACY ACT AND PAPERWORK REDUCATION ACT STATEMENT: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to apply complete and accurate information may preclude the applicant from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required at the Office of Indian Education Programs. Response to this request required to obtain a benefit.

I hereby certify that the above information on this form is true and correct of the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid packet. I request that any Qawalangin Tribe Scholarship awarded to me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcripts to the Qawalangin Tribe office at the end of each academic term.

Applicant's Signature: _____

Date: _____

FINANCIAL NEED SHEET

	1 st Semester or 1 st Quarter	2 nd Semester or 1 st Quarter	3 rd Quarter
Tuition			
Fees			
Meals			
Room			
Books & Supplies			
Misc. Personal Expenses			
Transportation			
SUBTOTAL:			
Less Resources:			
UNMET NEED:			

Parent or Guardian signature needed if applicant is under 18 or claimed as a dependent on someone else's tax return.

Applicant's Signature:

Date:

Parent or Guardian Signature:

Date: