



CENTRAL BERING SEA FISHERMEN'S ASSOCIATION

Post Office Box 288 ▲ St. Paul Island, Alaska 99660 ▲ Phone (907) 546-2597 ▲ Fax (907) 546-2450

Scholarship Application

**Deadline: June 30
 December 15**

Applicant Name: _____

Address: _____

Phone Number: _____

Date: _____

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P.O. BOX 288
ST. PAUL ISLAND, AK 99660
(907) 546-2597 or Fax (907) 546-2450

SCHOLARSHIP APPLICATION CHECK-OFF LIST

To process your application in a timely manner, the following information is necessary. To make sure all information is submitted, please use the check off list. Please double check to see that all information is complete and you have signed where indicated. All of these items must be submitted in order for your application to be complete.

- _____ * Personal Goal Statement including future plans (such as prospective job on St. Paul)
- _____ * Student Information Sheet
- _____ * CBSFA Scholarship Application
- _____ * Letter of Acceptance from accredited program (applies to first time applicant or transfer to new school)
- _____ * Most recent grades/transcripts
- _____ * Three letters of recommendation (first time applicants only)
- _____ * Class Schedule
- _____ * Release of Information form

CBSFA will notify you of any additional requirements or information needed in order to complete the scholarship process.

Upon completion, mail or deliver to:

CBSFA
P.O. Box 288
St. Paul Island, AK 99660
Or
CBSFA
140 Ellermen Heights
St. Paul Island, Alaska

STUDENT INFORMATION SHEET

Permanent Address: _____ _____ _____
Home Phone #

Name: _____

Higher Education Information

Address while attending school:
Contact # at school:
E-mail Address:
Degree/Major/Certification:
Class Standing:
Graduation date:
Name of University/Trade School:
Office of Admission Address:
Other degree(s), Vocational Technical certification, work-related skills:
Interested in Internship opportunities? Yes or No If yes, in what area?

Personal Information

Ethnic Background: _____ Certificate of Indian Blood: Yes or No

Interests:
Hobbies:
Extra-Curricular Activities:
Volunteer Experiences:
Membership(s):

Commercial or subsistence fishing experience: Yes or No? If yes: what, when, where, with whom and how long:



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Application Form

Application for _____ semester, year

Date:

Initial application Renewal (check one)

1. Last Name	First Name	Middle Name
2. Permanent Mailing Address:		
3. Social Security Number:	4. Date of Birth	
5. Home Phone #: Phone #:	Work Phone #:	Cell
Check all that apply to you: <input type="checkbox"/> Permanent St. Paul Resident since _____ (mo.) _____ (yr.) <input type="checkbox"/> CBSFA Member/Family Member <input type="checkbox"/> TDX Shareholder/Family Member <input type="checkbox"/> St. Paul IRA Enrollee/Family Member		
6. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	7. Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D Number of Dependents:	

NOTE: Scholarships are mailed directly to the Financial Aid office at the university you attend. Please include the following information.

8. Name of University
9. Financial Aid Office Address:
10. Financial Aid Office Phone #:
11. Dates of Attendance: from _____ to _____
12. Type of program you are involved in: (check one) <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/> Certificate <input type="checkbox"/> Other (specify: _____)
Major: _____ Minor: _____ Certificate: _____
13. Graduation Date: _____ (Please attach your most recent transcript and class schedule.)
14. Current Status: (check one) <input type="checkbox"/> Freshman <input type="checkbox"/> Senior Hours enrolled this term _____ <input type="checkbox"/> Sophomore <input type="checkbox"/> 1 st year graduate student Total hours earned to date _____ <input type="checkbox"/> Junior <input type="checkbox"/> 2 nd year graduate student Total hours required for grad. _____ <input type="checkbox"/> not sure/doesn't apply
_____ Semester _____ Trimester _____ Quarter _____ Other (explain: _____)

15. Financial Assistance: List all other funding applied for:			
Organizations:	Amount	Date Applied	Amount Received
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL	\$		\$

16. Other Resources		17. Expenses/ Funding Requested	
Student Resource	\$	Tuition	\$
Relative's/Parent's Contribution	\$	Books	\$
VA Benefits	\$	Supplies	\$
Federal Student Loan	\$	Room & Board	\$
Alaska Student Loan	\$	Transportation	\$
	\$	Other expenses	\$
TOTAL	\$		

Scholarship Amount Requesting: \$ _____

To the best of my knowledge, I have read and completed all documents in this scholarship application:	
Signed:	Date:



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RELEASE OF INFORMATION

TO: _____

RE: _____

I hereby authorize the release of information to the administrative staff of the Central Bering Sea Fishermen's Association (CBSFA) to assist me in obtaining financial assistance for my education/training. This authorization includes all past, present and future information/records you now possess or acquire in the future that pertain to me.

Signature

Social Security Number

Printed Name

Date