

Personal Information and Permanent Home Address

First Name Middle Last

DOB Social Security # Student I.D #

P.O Box City State Zip

Email Address Phone/Cell #

List names of minor children in your care:

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<hr/>	<hr/>
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Second Person Contact (This person is who we will contact if we cannot make contact with you regarding your scholarship)

First Name Middle Last

E-Mail address relationship phone/cell #

Trade/Vocational School and/or College/University Address

Name of School

Mailing Address City State Zip

Phone # Fax #

NATIVE VILLAGE OF BARROW FINANCIAL AGREEMENT FORM

Phone: (907) 852-4411 Fax: (907) 852-8844 Mail: PO Box 1130 Barrow, Alaska 99723 E-Mail: workforce@nvbarrow.net

Student's Name: _____

E-mail: _____

Address: _____

Phone: _____

Social Security Number: _____

Student ID #: _____

I give permission for the college/training institution to release financial and academic information to Native Village of Barrow Workforce Department.

Student's Signature _____

Date _____

Financial Aid Office: Please complete this form and return it to Native Village of Barrow Workforce Department. Please fill expenses portion even if other resources information is unavailable.

Budget Forecast	Expenses	Student is going: (please circle one)	
Tuition:	\$ _____	Full Time	Part Time
Fees	\$ _____	Need cannot be determined because:	
Books	\$ _____		
Room & Board	\$ _____		
Other (specify)	\$ _____		
_____	\$ _____		
_____	\$ _____		
Total Budget	\$ _____		

Student resources and institution awards:

Funding Types	FALL	SPRING	SUMMER	TOTAL
WELFARE ASSISTANCE				
ALASKA STUDENT LOAN				
COLLEGE SCHOLARSHIP				
PERKINS LOAN				
PELL GRANT				
PARENT/SPOUSE CONTRIBUTION				
GUARENTEED STUDENT LOAN				
TRIBAL ASSISTANCE				
TUITION EXEMPTION				
VETERAN BENEFITS				
OTHER (SPECIFY)				
OTHER (SPECIFY)				

Tuition Resource: \$ _____

Unmet Needs: \$ _____

Signature of Financial Aid Office

Date

Institution Name

Address

City

State

Zip

E-Mail

Phone #

Fax #

NATIVE VILLAGE OF BARROW FUNDING AGREEMENT FORM

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I, _____, have read the Scholarship Grant Policies and Procedures. I understand that these funds are supplemental funds. I affirm that I have sought other funding resources to help fund my educational training needs listed below:

Semester: Spring Summer Fall **Year:** _____

Name of Accredited Institution

Address	City	State	Zip Code
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Please attach your student schedule/class registration with credits.

By signing this document I certify that I fully understand that if in the event that I do not complete the semester by dropping out or withdrawing from school, that I must return the awarded amount back to Native Village of Barrow, furthermore, I understand that this can affect my future financial assistance requests for financial aid scholarship.

I also understand that if I do not return these funds I will not be awarded Higher Educational funds until all past due funds are returned to Native Village of Barrow.

DROP OR WITHDRAWAL

1. All awarded funds will need to be reimbursed back to the Native Village of Barrow if a student decides to drop out of courses and does not complete the semester.
2. If student fails to have funds reimbursed to Native Village of Barrow, the student will not be awarded future funds.
3. Native Village of Barrow will be billing the student.

Signature of Student

Date

Signature of Workforce Staff or Director

Date