

Kuupik/ConocoPhillips SCHOLARSHIP APPLICATION



Initial Application		Date:
initial Application		Date.
A		<u></u>
Applicant's Name:		
Semester or Term of this Application:		
11		
Year of Graduate School:	Continuing Applicati	ion.
	Continuing Applicati	
		FR / SO / JR / SR

Name of Applicant:		Date of Birth:
Permanent Address:		
Phone Number:	Message	Phone Number:)

School Attending This Period:		
Dates Attending: From: /	To:	/
School Address:		Phone Number:

TOTAL ANTICIPATED EXPENSES:		APPROVED BY COMMITTEE:	
Tuition:	\$	Tuition:	\$
Fees:	\$	Fees:	\$
Books:	\$	Books:	\$
Room/ Board:	\$	Room/ Board:	\$
Travel (one round trip per semester)	\$	Travel (one round trip per semester)	\$
TOTAL:	\$	TOTAL:	\$

ANTICIPATED FUNDS A	AVAILABLE:	ACTUAL FUNDS AV	/AILABLE:
Summer or other Work (including expected work income between application date and start of school)	\$	Summer or other Work (including expected work income between application date and start of school)	\$
Part-time Work (if, any, i.e., during school)	\$	Part-time Work (if, any, i.e., during school)	\$
Family Help:	\$	Family Help:	\$
BIA Grant:	\$	BIA Grant:	\$
AEF Grant:	\$	AEF Grant:	\$
Pell Grants:	\$	Pell Grants:	\$
State of Alaska Student Loans:	\$	State of Alaska Student Loans:	\$
Other Grants, Loans, Scholarships, Etc.:	\$	Other Grants, Loans, Scholarships, Etc.:	\$
TOTAL:	\$	TOTAL:	\$

This column for the Committee Use Only		
SCHOLARSHIP AMOUNT REQUESTED:	\$	
SCHOLARSHIP AMOUNT APPROVED:	\$	

Student Signature

Committee Chairperson

SCHOLARSHIP PROGRAM FINANCIAL DATA FORM **CONFIDENTIAL**

Initial Application		Continuing Application	
Name:			
Address while attending school:			
Phone:	Married:		Single:
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IF YOU HAVE WORKED AND BEEN PAID WITHIN THE LAST 24 MONTHS, YOU MUST			
COMPLETE THE FOLLOWING OR SU			
STATING DATES OF EMPLOYMENT AND TOTAL WAGES EARNED:			
Employer:		Phon	le:
Address:			
Employed:			Total Wages: \$
From:	To:		Total Wages. ϕ
Supervisor:	Supervisor's Signature:		
If you had more than one employer use another sheet to list addition information and verification			
You must list and verify ALL income for the past 24 months.			
I VERIFY THAT MY TOTAL INCOME FROM ALL SOURCES FOR THE PAST 24			
MONTHS WERE: \$			

Student Signature

Date