

Attachment D

AEF Scholarship Application | Financial Need Sheet

Student: Fill out this top portion only and submit it to your school's Financial Aid Office.

Name _____ Student ID _____

Address _____ Phone _____ Date _____

I give permission for (university/training institution) _____ to release financial and academic information to the Arctic Education Foundation.

Signature _____ Date _____

Financial Aid Office: Please complete this form and return it to the Arctic Education Foundation. Please fill in the expenses portion even if other resources information is unavailable.

Academic Term: _____

Student's Financial Need:	Expenses
Tuition	\$ _____
Fees	\$ _____
Books	\$ _____
Room & Board	\$ _____
Other: (specify) _____	\$ _____
_____	\$ _____
Total Budget:	\$ _____

Student is: Full-time Part-time

School calendar runs on:

Semesters # of Semesters _____

Quarters # of Quarters _____

Other: _____

Need cannot be determined because:

List Funding Resources **Term/Semester or Quarter**

Grants	Institutional Scholarship _____	_____
	Other Scholarships _____	_____
	Pell Grant _____	_____
	SEOG _____	_____
	Tribal Assistance _____	_____
	Tuition Exemption _____	_____
	Veteran's Benefits _____	_____
	Other (specify) _____	_____
Loans	Alaska Student Loan _____	_____
	Perkins Loan _____	_____
	Guaranteed Student Loan _____	_____
Personal	AFDC or Welfare _____	_____
	Parent/Spouse Contribution _____	_____
	Student Contribution _____	_____
	Work Study Program _____	_____
	Other (Specify) _____	_____

FAO Name _____

Email _____

Address _____

Phone _____ Fax _____

FAO Signature _____

Date _____

Financial Aid Office: Please send to

Fax: 907-339-7471 or

Email: arcticed@asrc.com or

Mail: Arctic Education Foundation

P.O. Box 129

Utqiagvik, AK 99723

