

Dan Salmon Education Fund  
Sustaining Recipient Application

Higher Education and Vocational Education  
Scholarship Applicant Packet



## **Dan Salmon Memorial Scholarship Sustaining Recipient Application**

To be considered for the scholarship program, complete this application and send it directly to the Foundation address:

Igiugig Tribal Village Council  
P.O. Box 4008  
Igiugig, AK 99613

Igiugig Village Council is currently accepting applications on a revolving basis.

### **Dan Salmon Scholarship**

Established in memory of the late Dan Salmon. Igiugig Tribal Administrator from 1986-2008. Based on academic standing, leadership, financial need, and community service. Encourages further educational or career advancement.

The scholarship program is competitive and limited by budget, therefore, some eligible applicants may not be awarded a scholarship and there is no guarantee of funding. The "Eligibility Requirements" are detailed as follows:

### **Eligibility Criteria**

1. Graduate of Igiugig School, resident of Igiugig Village, or tribal member of Igiugig Tribal Village Council
2. Enrolled in an accredited college, university, vocational institution
3. Cumulative 2.5 grade point average or better
4. Able to show financial need (page 4 of this application)

Eligibility: To be eligible to receive a scholarship from the Dan Salmon Scholarship Fund, you must be a graduate of Igiugig School or a resident of Igiugig Village or tribally enrolled in Igiugig Tribal Village Council.

- I am a graduate of Igiugig School  
 I am a resident of Igiugig Village  
 I am a tribal member of Igiugig Tribal Village Council

Are you related to a current board member of the Igiugig Village Council?

Yes  No

If yes, specify the board member and your relationship: \_\_\_\_\_

# Dan Salmon Memorial Scholarship Sustaining Recipient Application

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) and Address of Your Parents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Current Phone Number: \_\_\_\_\_  
Your Current E-Mail Address: \_\_\_\_\_  
Your Social Security Number: \_\_\_\_\_

## SCHOOL INFORMATION

High School Graduated from \_\_\_\_\_ Year \_\_\_\_\_ GED \_\_\_\_\_

Name and Address of School you plan to Attend: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Financial Aid Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for Admission? Yes No Accepted? Yes No

Class standing: [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior [ ] Graduate [ ] Other

Field of Study: \_\_\_\_\_ Expected Graduation date: \_\_\_/\_\_\_/\_\_\_

Expected Degree: [ ] 2-year Associate [ ] 4-year Bachelor's [ ] Master's [ ] Doctorate  
Other: \_\_\_\_\_

Term/Semester planning to enroll: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer  
Credit Hours each term/semester: \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer

School Terms: \_\_\_\_\_ Quarters \_\_\_\_\_ Semesters \_\_\_\_\_ Trimesters \_\_\_\_\_ Other

## **Dan Salmon Memorial Scholarship Sustaining Recipient Application**

### STUDENT ACHIEVEMENTS:

Most Recent Term GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ ACT/SAT Scores: \_\_\_\_\_

I have attached an official transcript: [  ] Yes [  ] No (Note: Transcripts must be in an envelope sealed by your school Registrar or Records Office in order to be considered an official copy).

OR: I have requested that my most recent official transcripts be sent to the Dan Salmon Education Fund c/o Igiugig Village Council [  ] Yes [  ] No

I understand that official transcripts must be received in order for my application to be complete.

Initial Here \_\_\_\_\_

### RÉSUMÉ

Include a summary of the following activities:

- In School Activities (organization membership, offices held, etc.)
- Out of School Activities (organization membership, offices held, etc.)
- Community Service Activities
- Life Experience (such as intern in tribal law office, etc.)
- Honors and Awards

Scholarship you are applying for:

- [  ] Higher Education  
[  ] Vocational Education  
[  ] Sustaining Recipient

**What are your career goals? What will your scholarship be used for next year?**

**Dan Salmon Memorial Scholarship  
Sustaining Recipient Application  
Budget Forecast—Sources of Financial Assistance**

PERSONAL RESOURCES:

Student Savings	\$ _____
Employment during the school year	\$ _____
Family Contribution (amount willing to contribute)	\$ _____
Tuition Waiver	\$ _____
Other (State Permanent Fund Dividend, etc).	\$ _____
<b>Total Personal Resources</b>	<b>\$ _____</b>

FINANCIAL AID:

Did you complete the FAFSA (Free Application for Federal Student Aid)? [ ] Yes [ ] No

List all financial aid (loans, scholarships, grants, etc.) that you are applying for:

Name of Scholarship/Grant	Amount Applied For:	Expected Notification Date:	Amount Received:
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>Total Amount</b>			_____

ESTIMATED SCHOOL YEAR EXPENSES

Tuition	\$ _____
Fees	\$ _____
Room/Rent	\$ _____
Meals/Food Expense	\$ _____
Books/Supplies	\$ _____
Travel	\$ _____
Child Care	\$ _____
Miscellaneous	\$ _____
<b>Total School Year Expenses</b>	<b>\$ _____</b>

**Dan Salmon Memorial Scholarship  
Sustaining Recipient Application  
Eligibility/Understanding/Authorization Form**

Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**I hereby attest that the information that I have provided and which is contained in this application is true, correct, and complete.**

**I understand that this application does not commit the Igiugig Village Council to award as an education scholarship to pay any costs incurred in the submission of this application. I also understand that the action taken by the awards committee is final.**

**I understand that my scholarship may be found in default and I will not be eligible for future renewal if my GPA drops below 2.5 or I drop out of school (based on review of circumstances by the Igiugig Village Council).**

**I hereby authorize the release of any information or portion of this application by or to the Igiugig Village Council staff as is necessary to assist me in obtaining financial assistance. I also authorize the release of information or photo for promotional purposes for the Dan Salmon Scholarship Fund.**

**I understand that official grade transcripts must be received on or before the application deadline date.**

**I understand that my application must be complete and submitted by the deadline date to be considered by the selection committee.**

**I have read and understand the above statements and will abide by the conditions of the award, if approved.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This scholarship is made possible through funding made available by the  
Dan Salmon Education Fund.*