

Choggiung Educational Endowment Foundation

P.O. Box 330

Dillingham, Alaska 99576

Phone: 907-842-5218 Fax: 907-842-5462

tish@choggiung.com

2019-2020

Scholarship Application

Deadline for complete submittal is April 30, 2019

Application must be **received** in the Choggiung Ltd. administrative office by April 30, 2019. Email and/or faxed documents (not including the official transcript) are acceptable. It is your responsibility to make sure the **complete** application, including the official transcript, is received by Choggiung before the deadline, **there are no exceptions**.

If mailing your application, please mail your application to our post office box.

*****We will not contact you if your application is found to be incomplete*****

If you have questions, ask well in advance of deadline.

SCHOLARSHIP INFORMATION

Eligible individuals include any Choggiung Ltd. Shareholder enrolled full-time in a qualifying post-secondary educational institution (college or vocational school).

In order to be qualified, the institute must meet the criteria defined in 26 U.S. Code section 170(b)(1)(A)(ii)*. Institutions include colleges, universities, vocational and technical schools.

Applicants **must**:

- provide a **completed** scholarship application
- provide a letter of interest that includes applicants intentions, expected field of study, goals and expectations
- provide a copy of the most recent **official transcript** (high school or post-secondary institute)
- provide 2 letters of reference (see page 4)
- provide a letter of acceptance from the institution that the applicant plans to attend.
(If received scholarship the previous year and/or are attending same school on most current official transcript, letter of acceptance is not necessary)

Selection of successful applicants will be the responsibility of the Choggiung Educational Endowment Foundation Committee and is based upon prior academic performance, performance on tests designed to measure ability and aptitude for post-secondary work, recommendations from instructors, financial need and conclusions as to the applicant's motivation, character, ability, potential, goals and expectations. Note that the criteria are not listed in order of priority or emphasis.

If you are awarded a scholarship, in accordance with the Internal Revenue Service's rules, regulations, and required reporting; your name, address, and purpose of the grant will be disclosed in our tax return, which is made available for public inspection.

* Educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on", 26 U.S. Code section 170(b)(1)(A)(ii)

**CHOGGIUNG EDUCATIONAL ENDOWMENT FOUNDATION
2019-2020 SCHOLARSHIP APPLICATION**

GENERAL INFORMATION

Name: _____ Social Security No. _____

Address: _____

Birthdate: _____

Email: _____

Are you a Choggiung Shareholder: Yes No Phone # _____

Are you related to any Choggiung Ltd. Board Member: Yes No

EDUCATIONAL PLANS

Name/Address of Institution that you plan to attend: _____

Type of Institution: University/College Junior College Technical/Vocational

Expected Dates of Attendance: _____ Planned Field of Study: _____

Title of Degree/Certificate anticipated: _____

Current standing _____ i.e.; Freshman, Sophomore, Junior, Senior, Masters, Doctorate

EDUCATIONAL HISTORY

High School

Name/Address: _____

Dates of attendance: _____

Graduated: Yes No Date of graduation: ____ If No, GED or equivalent? _____

Significant Achievements: _____

Post Secondary

Name/Address of Institution: _____

Dates of Attendance: _____ Field of Study: _____

Graduated: Yes No

Title of Degree/Certificate received: _____

Significant Achievements: _____

Post Secondary (Cont.)

Name/Address of Institution: _____

Dates of Attendance: _____ Field of Study: _____

Graduated: ____ Yes ____ No

Title of Degree/Certificate received: _____

Significant Achievements: _____

Name/Address of Institution: _____

Dates of Attendance: _____ Field of Study: _____

Graduated: ____ Yes ____ No

Title of Degree/Certificate received: _____

Significant Achievements: _____

(Use additional sheets as necessary)

EMPLOYMENT EXPERIENCE/HISTORY

Current Employer: _____

Address/Phone: _____

Dates of Employment: _____ Job Title: _____

Name of Supervisor: _____

Duties: _____

Past Employer: _____

Address/Phone: _____

Dates of Employment: _____ Job Title: _____

Name of Supervisor: _____

Duties: _____

Past Employer: _____

Address/Phone: _____

Dates of Employment: _____ Job Title: _____

Name of Supervisor: _____

Duties: _____

(Use additional sheets as necessary)

Budget

The student may provide estimated amounts in all categories. Numbers must be reasonable and should reflect a full year or full term.

Income

Student's earnings to be applied to schooling _____
 Assistance from parent/guardian _____
 Scholarships/Grants _____
 Loans _____
 Work Study _____
 Other Income _____

Total \$

Expenses

Travel (to/from school) _____
 Tuition/fees _____
 Housing/Meals _____
 Books/Supplies/Equip _____
 Other expenses (list): _____

Total \$

Scholarships/Grants/Loans applied for (whether received or not): _____

References

A. Letters of Reference

You **must** provide a minimum of **two** letters of reference from individuals familiar with your abilities and who are not family members. Reference letters must be provided by the application deadline and should be attached to the application at the time of submittal.

B. Names of Other References

Please list the names, addresses and phone number of at least two references who are not family members that are familiar with you and your abilities. References must be **different** than those providing letters of reference. Your signature on this application serves as permission for CEEF to contact the references concerning yourself.

Name: _____

Address: _____

Phone: _____

Relationship to you: _____

Name: _____

Address: _____

Phone: _____

Relationship to you: _____

Signature & Date

I certify that the information provided is accurate to the best of my knowledge and understand that providing false or misleading information may result in the rejection of my application. My signature also provides permission to Choggiung Limited d.b.a. Choggiung Educational Endowment Foundation to contact references, employers, co-workers and students and/or

staff of educational institutes listed on my application concerning myself.

 Signature

 Date