



**EBEN HOPSON SR., MEMORIAL SCHOLARSHIP APPLICATION**  
**P.O. BOX 629**  
**BARROW, ALASKA 99723**  
**PHONE: 907-852-5211-FAX: 907-852-5871**  
**EMAIL: [karyn.stricklan@cityofbarrow.org](mailto:karyn.stricklan@cityofbarrow.org)**

**PLEASE READ ALL INFORMATION BEFORE SUBMITTING**

All applications **MUST** be completed and submitted by the following deadlines in order to be eligible for scholarships. The City of Barrow offers scholarships to **FULL TIME STUDENTS ONLY**

- Fall Semester DEADLINE: **AUGUST 1<sup>ST</sup>**
- Spring/Winter DEADLINE: **DECEMBER 1<sup>ST</sup>**
- Summer Semester DEADLINE: **MAY 1<sup>ST</sup>**

**Your application will not be processed if it does not have the following items!**

- Completed Scholarship Application-**MUST BE SIGNED/DATED**
- Biographical Statement with signature (see guidelines below)
- Current Grades-Semester/Term
- High School Transcripts (first time applicants)
- Letter of acceptance (first time applicants/transfer students)
- Financial Need Sheet authorization signed and given to Institutes/College Financial Aid Office
- Three letters of recommendation (first time applicants)

**Biographical statement**

**ALL STUDENT MUST SIGN AND DATE THEIR BIOGRAPHICAL STATEMENT**

- Not less than 1 page and not more than 2 pages about yourself and your future goals.
- Student must state their **intent to return or remain in Barrow upon completion** of schooling.
- Summarize your future academic and professional goals, (ex: where are you in our life? What are you goals? Where do you want to live? What are your future plans?)

**Returning Student Biographical Statement**

- Not less than 1 page and no more than 2 pages regarding your recent progress.
- State how your semester went academically, positive or negative points regarding your previous semester. State what you have learned that will help you with your future educational goals.

**Checklist before submitting application**

- \_\_\_\_\_ Double check the two page application to see if it's complete and signed
- \_\_\_\_\_ Biographical Statement
- \_\_\_\_\_ Current Grades
- \_\_\_\_\_ High School transcripts (first time applicants)
- \_\_\_\_\_ Letter of Acceptance (first time applicants)
- \_\_\_\_\_ Need Sheet from University or College Financial Aid office
- \_\_\_\_\_ Class Schedule



CITY OF BARROW EBEN HOPSON, SR. MEMORIAL, SCHOLARSHIP APPLICATION

Initial Applicant: _____ Continuing Applicant _____ Date: _____	
Name of Applicant: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>	
YOU MUST BE A FULL TIME STUDENT TO QUALIFY	
CHECK BOX APPLYING FOR: <input type="checkbox"/> Fall Semester <input type="checkbox"/> Winter/Spring Semester <input type="checkbox"/> Summer Semester	<b>DEADLINES</b> <b>AUGUST 1</b> <b>DECEMBER 1</b> <b>MAY 1</b>
Student Address During School Year: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First</span> <span>Last</span> </div> _____ Street/PO Box _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip</span> </div> _____ Email address _____ Phone/Cell _____	University/College Address: _____ Name of School _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street Address</span> <span>PO Box</span> </div> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip</span> </div> _____ Phone# _____ Fax# _____
PERSONAL INFORMATION AND PERMANENT HOME ADDRESS	
Student Address During School Year: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First</span> <span>Last</span> </div> _____ Street/PO Box _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>Zip</span> </div> _____ Social Security# _____ DOB mm/dd/yy _____	Length of time living in Barrow _____ Where do you currently live _____ Email address _____
CURRENT CLASS STANDING: <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Professional	DIPLOMA/CERTIFICATION GOAL <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Vocational Other _____
If you have any questions, and/or need help, please contact the City of Barrow Scholarship Administration @ City of Barrow 907-852-5211 Fax 907-852-5871 <a href="mailto:karyn.stricklan@cityofbarrow.org">Email-karyn.stricklan@cityofbarrow.org</a>	

## Financial Need Sheet/Budget Forecast

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

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for (university/training institution) \_\_\_\_\_

to release financial and academic information to the Eben Hopson Scholarship Committee.

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

**Financial Aid Office:** Please complete this form and return it to the Eben Hopson Memorial Scholarship. Please fill Expenses portion even if Other Resources information is unavailable.

<b>Budget Forecast</b>	<b>Expenses</b>	<b>Student is:</b> <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time
Tuition	\$ _____	<b>School calendar runs on:</b> <input type="checkbox"/> Semesters    # of Semesters _____ <input type="checkbox"/> Quarters    # of Quarters _____ <input type="checkbox"/> Other: _____
Fees	\$ _____	
Books	\$ _____	
Room & Board	\$ _____	
Other: (specify) _____	\$ _____	
_____	\$ _____	<b>Need cannot be determined because:</b>
<b>Total Budget:</b>	\$ _____	

Other Resources		20_____	20_____	20_____	Total
		Fall	Winter	Spring	
Grants	Institutional				
	Other Scholarships				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veteran's Benefits				
Loans	Other (specify)				
	Alaska Student Loan				
	Perkins Loan				
	Guaranteed Student				
Personal	AFDC or Welfare				
	Parent/Spouse				
	Student Contribution				
	Work Study Program				
	Other (Specify)				

FAO Name _____	<b>Total</b>	
	<b>Unmet Need:</b>	
Email _____	Phone _____	
Address _____	Fax _____	
FAO Signature _____	Date _____	

**FAO:** Please fax to 907-852-5871 or mail to: COB EBEN HOPSON Scholarship P.O. Box 629, Barrow, AK 99723-2



# COB Eben Hopson, Sr. Memorial Scholarship Application

## PERSONAL INFORMATION FOR INITIAL APPLICATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### History

#### Previous Post-Secondary Schools Attended

Have you ever attended any prior post-secondary academic or vocational institution?

Yes  No If Yes, please list:

Name	Address	Dates attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

### References

#### For First Time Applicants

List Three References who will write Letters of Recommendation on your behalf:

*These three references must write a Letter of Recommendation on your behalf for scholarship funding. Please request them to do so. For our purposes, the letter should focus on their knowledge of you and their belief that you will finish the education or training you are seeking.*

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Personal Plans – PLEASE REFER TO INFORMATION SHEET (separate)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Note to Applicant: Information provided by Applicant is kept confidential and release of personal information is not provided without consent of the applicant.