Native Village of Paimint

To honor our ancestors, our lands and bring hope to future generations.

PO BOX 240084	Office: 907-561-0304
Anchorage, AK 99524	Fax: 907-561-0305
S	cholarship Application
Applicant	Date of Birth
Last Fir:	
Permanent Mailing Address (This is where check is mailed)	Address While at School
City State Zip	City State Zip
Phone ()	Phone ()
Email Address	
Are you a Paimiut Member? YES	NO
Have you received a scholarship fr	om Paimiut in the past? YES NO
	SCHOOL INFORMATION
High School Graduated from	YEAR GPA
Name and Address of the School Y	ou Plan To Attend
Have you applied for Admission?	YES NO Have you been Accepted? YES NO
Class Standing at time of Applicati	on. Freshman Sophomore Junior Senior
	Graduate Other Explain

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Enrollment Status	Full-Time	Part-Time	
Field of Study/Major _			Expected Graduation Date
Current Term GPA	C	umulative GP	Α

I understand that I need to have a complete application to receive funds. The Native Village of Paimiut requests that the applicant have and maintain a GPA of 2.0 or higher while attending school and to be eligible for any other scholarship funds in the future. The student will be required to submit final grades at the end of the semester scholarship will be applied to. By signing below, I understand and will adhere to the requirements set forth by the Native Village of Paimiut.

Signature	Date//	
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