



Baan o yeel kon Corporation

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Phone (907)456-6259 1-800-455-6259 Fax (907)456-4486
Email: boyk@mosquionet.com

Student must re-apply for each funding period. Please provide all information requested below.

SCHOLARSHIP PROGRAM APPLICATION

Personal Data

1. I am a: <input type="checkbox"/> Full-time Student <input type="checkbox"/> Part-time Student (6 credit minimum)		2. Deadlines: <input type="checkbox"/> (Spring) January 3, 20_____ <input type="checkbox"/> (Fall) June 30, 20_____	
3. Name:		4. SSN: ***_**_	5. Date of Birth: ___/___/___
6. Complete Permanent Mailing Address:		City:	State: Zip Code:
7. Permanent Phone Number:	8. Cell Phone Number:	9. Permanent E-mail Address:	
10. Complete Address While In School:		City:	State: Zip Code:
11. Phone Number While in School:		12. Personal School E-mail Address:	

Shareholder Data

(If you are unsure of this data, please contact Baan o yeel kon Corporation at 907.456.6259)

1. I am: <input type="checkbox"/> Shareholder <input type="checkbox"/> Not enrolled, but a descendant _____ (name of descendant), who is a shareholder .

School Data

1. Name of School:		2. School Phone Number:	
3. Complete Financial Aid Office Address:		City:	State: Zip Code:
4. Have you been accepted? <input type="checkbox"/> Yes (send enrollment verification) <input type="checkbox"/> No, date applied for admission: ___/___/___			
5. Have you attended any school since high school? <input type="checkbox"/> Yes <input type="checkbox"/> No (send official high school transcripts or GED Scores)			
6. If yes, please list your latest school attended after high school and include official transcripts with application:			
Name of School:		Years attended:	Certificate or Degree sought:
7. Current Cumulative Grade Point Average (send official transcripts):			
8. Expected date of graduation from current degree program:			
Full or Part-time Vocational Students (i.e. Certificate, A.A., A.A.S)		I am: <input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Field(s) of Study:	Training Dates (Mo/Yr) to (Mo/Yr):	Expected Degree:	
Undergraduate Students (i.e. B.A., B.S., B.B.A, B.F.A)		I am: <input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Field(s) of Study:	Class Standing (Fr., So., Jr., Sr.):	Expected Degree:	
Graduate Students (i.e. M.A., J.D., M.D.)		I am: <input type="checkbox"/> full-time <input type="checkbox"/> part-time	
Field(s) of Study:	Year of Study:	Expected Degree:	

I hereby attest the information contained in this application is true, correct, complete, and I have read and understand the scholarship guidelines. I also understand I must re-apply for each funding period and I acknowledge it is my responsibility to contact Baan o yeel kon Corporation to ensure my file is complete by the appropriate deadline.

Signature: _____

Date: _____