Harvey Samuelsen

Aleknagik - Clark's Point - Dillingham - Egegik - Ekuk

Togiak - Twin Hills - Ugashik - South Naknek

Ekwok - King Salmon - Levelock - Manokotak

Naknek - Pilot Point - Port Heiden - Portage Creek

Established
1993

Scholarship Trust

2026-2027 Mid-Year Scholarship Application

Harvey Samuelsen Scholarship Trust

ELIGIBILITY REQUIREMENTS

In order to be considered for the Harvey Samuelsen Scholarship, you must meet the following requirements:

- **BBEDC residency requirements in one of the 17 CDQ communities:**
  Aleknagik; Clarks Point; Dillingham; Egegik; Ekuk; Ekwok; King Salmon; Levelock; Manokotak; Naknek; Pilot Point; Port Heiden; Portage Creek; South Naknek; Togiak; Twin Hills; Ugashik.
- **High school diploma or GED**
- **Enrolled in an accredited college or university**
- **Accepted into a degree program**
- **Able to demonstrate financial need**
- **Registered as a "Full-time" student**
- **Undergraduate students must have a minimum 2.0 cumulative GPA**
- **Graduate students must have a minimum 3.0 cumulative GPA**

Application Deadline is January 8, 2027 at 5pm

If you have any questions regarding eligibility, call BBEDC Education, Employment and Training at 1-800-478-4370 or 1-907-842-4370

Harvey Samuelsen Scholarship Trust

APPLICATION CHECKLIST

In order for your application to be complete, you must submit the following documents:

- ☐ Completed Application
- ☐ BBEDC Affidavit of Residency Form completed or currently on file with BBEDC. (located on the homepage under Quick Links at www.bbedc.com)
  - Copy of your government issued photo ID (Examples: AK Drivers License/ID card, Military or Tribal ID card
  - Additional required documentation as stated on form
- ☐ BBEDC Relationship Disclosure Form (located on the homepage under Quick Links (www.bbedc.com)
- ☐ High School or College Transcript (can be an unofficial transcript but must show most recent term's grades)
- ☐ Letter of Interest that addresses the following questions:
  - What are your educational and career goals?
  - What are you contributing to your education?
  - Why should you be selected to receive a scholarship?
- ☐ Copy of School's Letter of Acceptance (Incoming Freshman and transfer students only)
- ☐ Confirmation of registered full-time status for the applicable term
- ☐ Release of Information Form
- ☐ Copy of Cost of Attendance sheet from University
- ☐ Justification letter for use of an online out-of-state institution - if applicable

Applications must be mailed, emailed, faxed or hand delivered to BBEDC's Dillingham Office by January 8, 2027 by 5:00pm.
****Mailed applications must be post-marked by January 8, 2027****

Application Suggestions:

- Submit application as soon as your current term grades have been posted
- Remember only **complete** applications will be considered
  - Do not leave any blanks on the application - address every section
  - It is **your** responsibility to make sure your application is complete
- Type your letter of interest and, when possible, the application as well
- Double-check your financial budget sheet, this information must be accurate
  - Make sure your math is correct

Submit your applications to:

Email: eet@bbedc.com
Fax: (888) 325-4336 or (907) 842-4336
Mail: BBEDC - HSST
P.O. Box 1464
Dillingham, AK 99576

If you have any questions or need assistance with your application, call BBEDC Education, Employment and Training Department at:

1-800-478-4370 or 1-907-842-4370

Harvey Samuelsen Scholarship Trust

PERSONAL INFORMATION

First Name:_____ Last Name:_____

SSN:_____ Student ID #_____

Date of Birth: _____

Home Address: _____

City:_____ State:_____ Zip:_____

Home Phone: _____

Dorm room or apartment address: _____

City:_____State:_____Zip:_____

Dorm room/apartment phone # or cell phone#:_____

Community and State of Residency: _____

E-Mail Address: _____

How did you learn about this program? ☐ Liaison ☐ Website ☐ BBEDC Staff ☐ Program Directory ☐ Other _____ Describe Other

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Harvey Samuelsen Scholarship Trust

SCHOOL INFORMATION

High School attended:_____ Graduation Date: _____

GED Date: _____

School currently attending: _____

School planning to attend: _____

Mailing Address of Financial Aid office: _____

City:_____ State:_____Zip:_____

Financial Aid Office Phone: _____

Have you applied for admission? Yes ☐ No ☐ Been accepted? Yes ☐ No ☐

University Class Standing: ☐ 1st year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year+ ☐ Graduate

College credits earned to date: _____

College Major:_____Expected Graduation Date: _____

Expected Degree: Associate ☐ Bachelor ☐ Master ☐ Doctorate ☐

Number of credit hours in which you plan to enroll: Fall____Winter_____Spring_____Summer _____

School on: Quarters ☐ Semesters ☐ Trimesters ☐

Cumulative GPA: _____

Will you be attending classes Online ☐ In-person ☐ Both ☐

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FINANCIAL INFORMATION

FINANCIAL AID (Table 1)

Please list all sources of financial aid (loans, scholarships, grants, etc.) you are applying for:

Name of Scholarship, Grant, etc.	Expected Date of Notification	Amount Requested	Amount Received, Approved
Total of Financial Aid Requested			
Total of Financial Aid Approved			

(Attach additional page if needed)

SCHOOL YEAR EXPENSES (Table 2)

(Note: These figures must be as accurate as possible as we will verify them with the school you will be attending. Any intentional misrepresentation of your financial information will disqualify you from receiving any scholarship from the Bristol Bay Economic Development Corporation. If you are unsure of what your expenses will be, contact the university or college you will be attending.)

Tuition		
Fees/Due		
Room/Rent		
Meals/Food Expense		
Books & Supplies		
Internet Expenses		
Travel (Limited to 2 R.T. tickets)		
Miscellaneous:	Clothing (maximum allowed is $300)	
	Entertainment (maximum allowed is $250)	
Total School Year Expenses		

FINANCIAL NEED

A. Total School Year Expenses *(Table 2)*	
B. Total Amount of Funds Approved *(Table 1)*	
C. Total School Year Expenses less Total Amount of Funds Approved (*Table 2 – Table 1)*	
D. *Personal Contribution*	
Total Estimated Financial Need (*Total of Line C – Line D)*	

Harvey Samuelsen Scholarship Trust

LETTER OF INTEREST

Your letter of interest should be no longer than one typed page and should address the following questions:

1. What are your educational and career goals?
2. What are you contributing to your education?
3. Why should you be selected to receive a scholarship?

If you fail to address the above questions in your letter of interest, your application may be deemed incomplete and therefore you will not receive an award.

Do not submit the same letter that was submitted with a prior year application.

By signing this page and also your attached letter, you affirm that this is your original work and understand that if it is not, your application may be rejected and any award granted may be canceled.

I _____ certify that the information herein, financial or otherwise, is correct, and any intentional misrepresentation therein will negate my participation now and hereafter in the Scholarship Program administered by Bristol Bay Economic Development Corporation.

Applicant's Signature: _____ Date: _____

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RELEASE OF INFORMATION

I hereby authorize the release of any and all information contained in city councils, village councils, state, federal, private or educational agencies' records to the organization below:

BRISTOL BAY ECONOMIC DEVELOPMENT CORPORATION
P. O. Box 1464
Dillingham, Alaska 99576
Fax Number 1-888-325-4336 (In state) 907-842-4336 (Out of state)

This information is to be used for the verification of the eligibility of: _____
(Applicant's Name)

This authority shall continue in effect until this student is no longer enrolled in the Harvey Samuelsen Scholarship Program.

I hereby authorize BBEDC to publicize my name, institution, degree and major, year in college, and village of residency to further encourage youth of the Bristol Bay Region to obtain higher education. In addition, I authorize the same organizations to provide my name for employment purposes. This authority shall continue in effect until I am no longer in the Harvey Samuelsen Scholarship Program.

Signature_____Date_____

Social Security Number:_____Date of Birth_____

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