



Zonna Lie-Ito OTZ Scholarship Scholarship Policies & Guidelines

Eligibility

Applicants for the Zonna Lie-Ito OTZ Scholarship must be current OTZ Members or descendants of OTZ Members in good standing.

Qualifications

Eligible applicants must:

- Have a high school diploma or GED;
- Have at least a 2.0 cumulative GPA;
- Be enrolled or accepted for admittance at a post-secondary educational institution or vocational school that maintains a regular faculty & established curriculum, and has an organized body of students in attendance.

Application Deadline

OTZ Telephone Coop., Inc. must **RECEIVE** all scholarship applications and accompanying materials on or before the deadline. Applications received after the deadline date will not be considered. It is the student's responsibility to get the needed information to OTZ.

Deadline

- First Friday of June

Selection Criteria and Decisions

The OTZ Board of Directors Scholarship Committee, based upon a point system, make award selections. OTZ's point system allows its Scholarship Committee to make fair and non-discriminatory award selections. The decision of the Scholarship Committee is final. Written notice of the selection results will be mailed to all applicants.

Point System

- Completed Application (20 Points)
- Statement of Purpose (50 Points Total)
 - Content (30 Points)
 - Writing Skills & Grammar (20 Points)
- 3 Letters of Reference (10 Points)
- Official Transcripts (10 Points)

- Proof of Acceptance (10 Points)

Scholarship Descriptions

The number of scholarship awards is subject to applicant eligibility, qualifications, and available funding.

Amount:

\$1,500 per year, for full-time students
\$750 per year, for part-time students

Duration:

Up to six consecutive years

Scholarship Uses

A scholarship is for tuition, fees, books, course-required supplies, room and board, and similar expenses. In no way may the amount of the scholarship exceed actual expenses.

Proof of Completion

A copy of the **OFFICIAL** grade transcripts or certificate of completion must be submitted to OTZ Telephone Coop., Inc. upon completion of the semester or training period for which the scholarship applies. OTZ must receive this proof of completion before any further scholarships are awarded to the student. Students must complete and pass **ALL** credits/courses for which OTZ has funded them, or they risk denial of future funding.

Previously Completed Courses

Courses that have already begun or have been completed prior to the deadline are not eligible for funding.

Application Procedure

You must submit the following to receive consideration:

1. **Application.**

The Zonna Lie-Ito OTZ Scholarship Application Form, completed, signed and dated. Print clearly & legibly.

2. **Statement of Purpose.**

Describe your personal history.

Provide a summary of your accomplishments.

Specify your field of study.

Describe your educational and career goals. Explain your reasons for these goals.

Describe how your specified area of study will enable you to reach those goals.

3. **Letters of Reference.**

(First-time applicants only.)

Three (3) letters of reference from teachers, employers, and others (no relatives) who know of your past experience and potential to succeed in your chosen field of study.

4. **Official Grade Transcripts.**

An official copy of your high school grade transcripts (or General Education Diploma, GED) if you are an entering college freshman; or

An official copy of your college grade transcripts; or

An official copy of semester/term/s you have most recently completed and for which you received an Zonna Lie-Ito OTZ scholarship.

5. **Proof of Acceptance & Enrollment.**

A copy of your acceptance letter from your college/university or technical school if you are a first-time applicant or transferring to another college.

Also include a copy of your registration for the semester for proof of course load, credits enrolled in.

Contact information

Scholarship Committee
OTZ Telephone Cooperative, Inc.
P.O. Box 324
Kotzebue, AK 99752
800-478-3111 ext. 1033
907-442-1033
907-442-1026 fax
asieh@otz.net

Please retain these "Policies & Guidelines" for your records.



Zonna Lie-Ito OTZ Scholarship Application Form

Directions: Please read the “Zonna Lie-Ito OTZ Scholarship Policies & Guidelines” before completing this “Application Form.” COMPLETE ALL SECTIONS, and print CLEARLY.

A. APPLICATION STATUS

Please indicate the deadline that you are applying to:	
Scholarship Deadline <input type="checkbox"/> First Friday of June	Declaration <input type="checkbox"/> Enclosed are all required documents
Have you applied for funding from OTZ Telephone Coop., Inc. before? <input type="checkbox"/> No <input type="checkbox"/> Yes, during _____	

B. PERSONAL DATA

Name (Last, First, MI)			Social Security No. - -		
Student's Permanent/Home Address			Student's Address at School		
City	State	Zip Code	City	State	Zip Code
Tel No. ()	Fax No. ()		Tel No. ()	Fax No. ()	
E-Mail		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _ / _ / _	Maiden Name	

C. ELIGIBILITY*

I certify that I am currently:	<input type="checkbox"/> a Descendant of an OTZ Member in Good Standing:
<input type="checkbox"/> an OTZ Member in Good Standing	Name: _____

(*) Will be verified by OTZ's Billing Dept.

D. EDUCATIONAL EXPERIENCE

Completed Degrees or Certificates	Date of Completion	High School Graduation Date _ / _ / _	GED Date _ / _ / _

E. EDUCATIONAL PLANS

<i>Please indicate the college/university/school you plan to attend:</i>			
Name of School			
Financial Aid Office Mailing Address			Tel No. ()
City	State	Zip Code	Fax No. ()
<i>Please indicate your academic status & degree sought for the term that you are applying for funding:</i>			
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Other <input type="checkbox"/> AA <input type="checkbox"/> AAS <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> BBA <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> JD <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> Other			
Field of Study (Major, Minor)		Date of Expected Graduation/Completion ___/___/___	
I have requested that my official grade transcript(s) or certificate(s) for the most recently completed semester/term/session be sent to OTZ Telephone Coop., Inc. as soon as they are available. <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No, but I will do so immediately! </div>			
My school calendar is based on: <input type="checkbox"/> Semesters <input type="checkbox"/> Quarters <input type="checkbox"/> Other: _____			
<i>Please indicate the length of the program/term/course for which you are applying for funding:</i>			
Date semester/term/program begins:			
___/___/___		I have completed _____ credits to date.	
Date semester/term/program ends:			
___/___/___		I plan to take _____ credits during this time frame.	

F. STATEMENT OF PURPOSE (This must be submitted to complete your application.)

Prepare a written “Statement of Purpose” on a separate sheet of paper.

Describe your personal history, and provide a summary of your accomplishments. Specify your field of study. Describe your educational and career goals. Explain your reasons for these goals. Describe how your specified area of study will enable you to reach those goals.

Your statement is important and evaluated carefully by the Scholarship Committee. The quality of your response is significant in the consideration of your application for funding.

G. BUDGET FORECAST

Budget period: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____			
<i>Complete your education budget in its entirety.</i>			
<u>EXPENSES</u>	<u>AMOUNT</u>	<u>SOURCES OF FUNDS</u>	<u>AMOUNT</u>
Direct Academic Costs		Personal Resources	
Tuition	\$ _____	Personal contribution	\$ _____
Student Fees	\$ _____	Parent's contribution	\$ _____
Books & Required Supplies	\$ _____	Governmental Allowances	
Room & Board Plan Costs*		Veterans Administration Aid	\$ _____
Campus residence rent	\$ _____	State/Federal Social Security	\$ _____
Campus meal plan	\$ _____	Academic Financial Aid	
Laundry	\$ _____	Scholarships/Fellowships	\$ _____
Travel		BIA Higher Education	\$ _____
Airfare	\$ _____	State/Federal Student Loans	\$ _____
Family Allowance		Other: _____	\$ _____
Spouse & Dependent needs	\$ _____	Other: _____	\$ _____
TOTAL EXPENSES	\$ _____	TOTAL SOURCES OF FUNDS	\$ _____
Amount Needed to Balance Budget (Total Expenses - Total Resources)			\$ _____
Your Request to OTZ Telephone Coop., Inc.			\$ _____

(*) Only for students who must live away from their permanent residence to attend school.

H. INFRACTION PROVISION

Except in cases of special circumstances, should the scholarship recipient not maintain the eligibility and selection criteria, the student will be placed on academic probation for the next semester. If the recipient does not meet the criteria again, he/she will be ineligible to apply to OTZ Telephone Coop., Inc. for the next award period. Further, no additional funds will be advanced in the current semester in which the student is enrolled. Any student who receives a full-time award, but who falls to part-time status during the semester will be funded at the part-time rate the next semester. To the extent that is possible, all unused funds will be recovered from the post-secondary institution and returned to the OTZ. Additionally, if the recipient is delinquent in submitting reports and/or grade transcripts (or certificate of completion) to OTZ as required by the conditions of the scholarship program, absent special circumstances, future applications submitted by the applicant will not be considered, and any awards previously approved for the applicant will be withheld until the delinquency is cured.

I. STATEMENT OF CORRECTNESS, UNDERSTANDING AND AUTHORIZATION

This section is to be read, signed and dated by all applicants.

1. **Application Information.** To the best of my knowledge and belief, I attest that the data contained in this application is true, correct and complete. I understand that this application does not commit OTZ Telephone Coop., Inc. to award an educational scholarship to pay any costs incurred in the submission of this application. I also understand that the action taken by the Scholarship Committee is final.
2. **Use of Funds.** I understand that the proceeds of the educational scholarship, if approved, will be used to further my education in the certificate or degree program where I am enrolled as approved by OTZ Telephone Coop., Inc.
3. **Unused Awards.** I understand that the full amount or any portion thereof is to be refunded to OTZ Telephone Coop., Inc. if, for any reason, I am unable to use the award for which I am selected.
4. **Certificate of Completion or Grade Transcripts.** I understand that immediately upon completion of the semester, term, or training period, I must submit a copy of my official grade transcripts, certificate(s) of completion to OTZ Telephone Coop., Inc. to verify completion of the courses of study during the semester or term for which the award was made.
5. **Submission of Application.** I understand that it is my responsibility - not that of OTZ - to obtain the necessary application materials from OTZ and submit the completed application so that it is received by OTZ before the deadline to receive full consideration for a scholarship.
6. **Change of Address.** I will immediately notify OTZ Telephone Coop., Inc. of address changes, both in personal address and educational facility.
7. **One Semester Break.** I will immediately notify OTZ Telephone Coop., Inc. upon making a decision to take a ONE-semester break. If I do not return to school after one semester, I know that I will need to go through the whole scholarship application process once again to be considered for funding from OTZ Telephone Coop., Inc.
8. **Confidentiality.** I understand that I must submit in writing my authorization for OTZ staff to release any information about me or my application prior to the release of that information to inquiries made by my parents or anyone else.
9. **Release of Contact Information.** I give OTZ Telephone Coop., Inc. permission to release my name, contact information, and photograph for employment or educational purposes, and OTZ Telephone Coop., Inc. publications.
10. **Acceptance.** If selected as a recipient for the Zonna Lie-Ito OTZ scholarship, I agree to accept that award in good faith.

I have read and understand the above "Statement of Correctness, Understanding and Authorization" and agree to abide by the terms and conditions of the award, if approved.

11. **Signature of Applicant:** _____ 12. **Date** _____

OTZ Telephone Coop., Inc. must receive completed applications and related materials before the appropriate deadline. Mail, hand deliver or fax your application to: Scholarship Committee, OTZ Telephone Coop., Inc., P.O. Box 324, Kotzebue, AK 99752, Tel (907)442-1033, Toll Free (800)478-3111 ext. 1033, Fax (907)442-1026. Contact person: Ann Sieh E-mail: asieh@otz.net Web Site Address: www.otz.net