



Mellen Shea Memorial Scholarship

**Deadlines:
May 1st of Each Year**

The Mellen Shea Memorial Scholarship was established in 2006 to honor the memory of Mary Ellen "Mellen" Shea. This scholarship fund was developed to provide financial assistance to Alaska Native and American Indian students who are pursuing a postsecondary degree in education.

Mellen was a passionate educator. She spent her professional life as a classroom teacher, an academic counselor, an athlete coach, and a mentor and friend to countless youth in Anchorage.

Students can receive up to \$1,000 per academic year – to be used for tuition, student fees, books and other required educational supplies. Scholarship awards are based upon timely submission of a complete application, as well as the equality and sincerity of the written essay.

ELIGIBILITY

Applicants must meet the following criteria:

- Alaska Native or American Indian
- Enrolled in or admitted to a postsecondary undergraduate education degree program
- Have a cumulative GPA of at least 2.0 on a 4.0 grading scale, and
- Aspiring to be a teacher.

DOCUMENTS NEEDED:

- Certificate Degree of Indian Blood or Proof of Tribal Enrollment
- Complete Mellen Shea Memorial Scholarship Form
- Statement of purpose (*see details below*)
- Two (2) Letters of recommendation from a non-family member (*kept on file for 3 years*)
- Class schedule (*registration confirmation from the school-If available*)
- *Transcripts (**must** come from the school or be printed at this office)
- Acceptance Letter from the school (*listing field of study in Education*)

STATEMENT OF PURPOSE

Please submit a typewritten essay of no more than 600 words that details your educational experience to date, and explains why you want to become a teacher.

If you have any questions or would like more information:

CITC Tribal Scholarships and Grants Program
3600 San Jeronimo Drive, Suite 286
Anchorage, AK 99508
907.793.3578 direct, 877.985.5900 toll free
907.793.3589 fax, scholarships@citci.com

SECTION I - PERSONAL INFORMATION

1 Name _____ 1A Village of Origin (on CDIB) _____
 2 Other Names _____ 2A Date of Birth _____ **Male / Female**
 3 Social Security # _____-_____-_____ 3A Phone# _____
 4 MSG# _____ 4A Email _____
 5 Closest Relative _____ 5A Relative Phone# _____
 6 Emergency Contact _____ 6A Emergency Contact Phone# _____

Home Address:

Mailing Address:

same as home address

7 Address _____ 9A Address _____
 8 City _____ State ____ ZIP _____ 10A City _____ State ____ ZIP _____

9 **How long have you lived in the Anchorage area?** **A.** Under 30 days **B.** Under 1 yr. **C.** 1-3 years
D. 3-5 years **E.** Over 5 years **F.** Do not live in Anchorage

Applicant Status:

Single Married Divorced Separated Widowed
(check all that apply)
 Single parent Foster Parent Teen Parent Head of Household Dependent
 2 parent family Adoptive Parent Legal Guardian Grandparent Guardian

Household Members:

____ Total # in household ____ # of people under 18 ____ # of other dependents

Ethnicity: *(If you have multiple ethnicities, write P for Primary, and S for Secondary)*

Alaska Native _____ Asian _____ Caucasian _____ Hispanic _____
 American Indian _____ African American _____ Native Hawaiian _____ Other _____

<input type="checkbox"/> Shareholder	<input type="checkbox"/> 13 th Region	<input type="checkbox"/> Bristol Bay	<input type="checkbox"/> Koniag
<input type="checkbox"/> Family member	<input type="checkbox"/> Ahtna	<input type="checkbox"/> Calista	<input type="checkbox"/> NANA
<input type="checkbox"/> Descendant	<input type="checkbox"/> Aleut	<input type="checkbox"/> Chugach	<input type="checkbox"/> Sealaska
	<input type="checkbox"/> ASRC	<input type="checkbox"/> CIRI	<input type="checkbox"/> Unknown
14 Select corporation(s) →	<input type="checkbox"/> Bering Straits	<input type="checkbox"/> Doyon	<input type="checkbox"/> American Indian

Education Status:

Highest Education Level Completed

15 High School Student **A** Highest Grade Completed _____
 High School Grad/GED **B** Certificate/Degree Attained? **Y / N**
 Post High School **C** Name of Certificate/Degree _____
D Completion Year _____

SECTION II - SUPPLEMENTAL INFORMATION

Current Postsecondary Class Standing (check one)

16 Freshman Sophomore Junior Senior

Current Program (check one)

17 Associate Bachelors

18 Field of Study: _____ Estimated Graduation Date: _____

19 My school calendar is based on: Semesters Quarters Other (specify) _____

20 Date semester/term begins: _____ Date semester/term ends: _____

21 My current *cumulative* grade point average (GPA) is: _____ I plan to take ___ credits this term

22 While attending do you plan to live on or off-campus? On-Campus Off-Campus

School Information: *Please fill out COMPLETELY*

23 Name of School: _____

24 Financial Aid Office Address _____

25 City _____ State _____ Zip _____ Counselor: _____

26 Telephone: _____ Fax: _____

27 **Have you received funding through this program before? Y / N When?** _____

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

1. **Confidentiality:** I understand that I must submit in writing my authorization for CITC staff to release any information about me or my submitted form or documents prior to the release of any information or inquiries made by my parents or anyone else.
2. **Responsibility:** I understand that it is ultimately my responsibility to complete my scholarship form and submit any needed documents.
3. I certify that the information given is true to the best of my knowledge.

Applicant Signature _____ Date _____

28 _____
Parent or Legal Guardian Signature (if applicant is under 18) Date
Date

Please Note:

You must turn in all documents noted on the first page of this form for it to be considered for funding. Incomplete applications will not be considered for funding until they are complete- No Exceptions.