TDX FOUNDATION SCHOLARSHIP APPLICATION INSTRUCTIONS

ELIGIBILITY

TDXF needs accurate contact and eligibility information from you. You must be a shareholder of TDX Corporation or a descendant of a shareholder of the TDX Corporation to be eligible. If you are not a shareholder but a descendant list your parents and grandparents to demonstrate eligibility.

PROGRAM REQUIREMENTS AND APPLICATION HISTORY

You must be going to school full-time and carry at least a 2.0 GPA. These are the minimum requirements.

TDXF allows ONE warning to students who enroll in a full-time load but do not complete a full-time semester (withdrawing from courses or failing a course or courses) or ONE warning to students who do not complete a term satisfactorily; you must maintain at least a 2.0 GPA. If a student does not perform better after the warning, enough to satisfy the minimum requirements, the student will be cut from funding. After the student performs better for a term following being cut they may reapply. If you have been cut from TDXF funding before, note this on your application in the Application History. Incompletes receive a warning but it will not be considered a warning later if incompletes are finished satisfactorily. If you are readmitted into the funding program after being cut you will not be afforded any more warnings, you will simply be cut and without notification.

Use additional sheets as necessary if you run out of room on the application.

CONTINUING STUDENTS

Continuing students <u>do not</u> need to fill out this application every year. Please just submit your final grades (need not be official) and your schedule for the next term in a timely manner, as soon as they are available preferably. Continuing students are responsible for keeping TDX Foundation updates as their contact information changes. If TDXF does not know where you are then TDXF does not know where to send your check.

RESPONSIBILITY TO NOTIFY TDXF ON CHANGES

All students awarded funds from TDXF are responsible for notifying TDXF when their student status changes. This includes, but is not limited to: full-time to part-time status, change in program study area, change in school, decisions to withdraw or drop out, change of address, change of phone number, etcetera.

You may be required to pay back all or part of your award, depending on circumstances.

APPLICATION CHECKLIST

NEW APPLICANTS

Completed TDXF application High school transcripts

Any postsecondary school transcripts if applicable Written evidence of acceptance from school

Class schedule Letter of Intent

One letter of recommendation

RENEWAL APPLICANTS

Final grades for last term (unofficial is fine)

Class schedule for next term

IF YOU'VE BEEN DROPPED PREVIOUSLY

Completed TDXF application Complete set of official transcripts Class schedule for next term

Letter of Intent

LETTER OF INTENT should state your personal motivations for obtaining higher education; it should show resolve and plan of action for obtaining your degree or program certificate, state plans to use your education and any perceived benefits to the community of St. Paul, Aleut region or State of Alaska; include any involvement in Native affairs.

Previously dropped students should also state how you have overcome your difficulties and demonstrate how you will continue to perform satisfactorily with a determined completion date goal.

TDXF encourages all students to plan out your next year and course loads appropriately in order to stay on course and finish strong. Pay close attention to all costs and plan accordingly.

THERE ARE THREE APPLICATION PERIODS AT THIS TIME.

April 30th- Summer School Deadline

August 1st- Fall School Deadline

December 31st- Spring School Deadline

Submit your complete application to either TDX office either via fax or mail; it will be forwarded appropriately.

CONTA NAME (LAST, FI	RST, MI):	GIBILITY	INFORMA	TION	FOR TDX	FOUN	DATIO	N FINANC	CIAL AS	SSISTAN	<u>CE</u>
MAILING											
ADDRESS: PHONE:			CELL:				М	ESSAGE:			
	- 1		CLLL.								
PLACE OF BIRTH (CITY, STATE):	1					<i>CHOOSI</i> MAIDEN		SINGLE	MAI	RRIED D	DIVORCED
DATE OF BIRTH	:							HAREHOLE	DER?	YES	NO
								DESCEND		YES	NO
	ICANT WHO I	S NOT A S	HAREHOLE	DER BU	T WHO IS	A DESC	CENDAN	IT COMPLE	TE THE	FOLLOW	ING:
NAME(S) OF PAF	RENT(S):										
MATERNAL GRA	NDPARENTS:										
PATERNAL GRA	NDPARENTS:										
		TD	X FOUNDA	NOITA	APPLICA	TION	HISTOR	Υ			
HAVE YOU BEEN	I CUT FROM	YES	NO IF YE	S, WHE			ERIODS				
TDXF FUNDING	BEFORE?	200		3 A BV /			ED BY T				
SCHOOL VOLUM	71.1	POS	STSECONE	JAKY S	SCHOOL						
SCHOOL YOU W BE ATTENDING:							OCATIO ITY, STA				
STUDY PROGRA						(0	,	TERM Y	OU ARE	<u> </u>	
(i.e. B.A. RURAL D								APPLYIN	IG FOR:	:	
FACULTY ADVIS	,										
PHONE AND/OF	EMAIL:		IIGH SCHO		D CED IN	IEODM	ATION				
HIGH SCHOOL GR DIPLOMA OR GED			IIGH SCH	JOL O	K GLD IIV	IF O KIVI	ATION				
LOCATION OF HIG					TAK	EN AN A	PTITUDE	E TEST? i.e.			
SCHOOL (CITY, ST		CECONDAD	V CCHOOL F	DDEVIOL			CORE(S)/		VIDING F	OR THE EN	DCT TIME
IF YOU HAVE AT LIST ANY/A SCHOOL:	LL POSTSECON					VHEN AN		PROGRAM	s studi	ED/COMPL	
									- ,		
	LICT	LL OTHE	D. FINIANIC		CICTANIC	SE VOL		A DDI JED	50 B		
ORGANIZATION:	LIST A	LL OTHE	R FINANC		SISTANC		APPLIED:	/ (I I EIEE	. •	ECT TO RE	CEIVE
ORGANIZATION.			AMOUN	1.		DATE	APPLIED.		EAP	ECT TO RE	CEIVE.
			A.A	ITICIB	ATED C)CTC					
TUITION/FEES:	ROOM/BOAI	SD.	AI OOKS/SUPP		ATED CO		YFAD/CI	EMESTER):	TEDM	TOTAL:	
TOTTION/TELS.	ROOM/BOAI	<u></u> . ۵	JON 3/ 30PP	LILJ.	I LIXIVI (I.C	vvi i/\l	1 LAN/31	LIFILJ I LNJ.	I LIXIVI	TOTAL.	
				I) / A - C) - (ACT	I) /E-B-					
					ACT WA						
I HEREBY AUTHOR UNDERSTAND TH PURPOSES WILL BI	AT ONLY SUCH	INFORMAT	TION THAT I	S ALLO\	WED UNDE	R THE PI	RIVACY A	ACT AND FO	R THE A	ABOVE SPE	CIFIED
I OVLOSES MILE BI	- NLLLASED TO	THE ADMI						N AND ITE	יטא דט		ı.
I CEDTIEV TUAT T	HE ADOLE INC	DMATION.			CERTIFIC			אוטאין בדיכב	VND TI	IAT NO	
I CERTIFY THAT T INFORMATION HA GUIDELINES IF AW	S BEEN INTEN	ΓΙΟΝΑLLY C	MITTED. I I	HAVE RI	EAD AND L	INDERST	AND TH	AT I MUST A	ADHERE	TO TDXF I	
SIGNATURE:	, MULU ANT IV	OTTILS TOR	1 03 132	CONDA	I NOUN	ייי אווט		DATE:			
J.G.W. IT OILE.											