



3225 Hospital Drive, Suite 300 · Juneau, Alaska 99801 · (907) 586-0104 (phone) · 586-4980 (fax)

ORCA Financial Aid Application

Consumer receiving Scholarship: _____ AGE: _____

Mailing Address: _____

Parent/Guardian/Care Coordinator Contact: _____

Day Phone: _____ Evening Phone: _____

Total # wage earners in house _____ Total in household including yourself _____

Report ALL household income for the past calendar **YEAR**. Fill in an amount for each category, even if it is zero.

Gross wages: _____
PFD income: _____
Workers Comp: _____
Unemployment: _____
Veteran's pymts: _____
Trust/Royalty pymt: _____
Pension: _____

Child Support/alimony: _____
Disability Benefits _____
Public Assistance: _____
Social Security: _____
Rentals/Estates: _____
Tips/other: _____
TOTAL ALL INCOME: _____

Additional financial considerations that we should be aware of: _____

Are you applying for funding for a specific ORCA activity or trip? Y/N

If Yes, which ones) _____

OFFICE USE ONLY

Date received _____

Funding Source _____

Amount funded _____

Date awarded _____