

**CHUGIAK-EAGLE RIVER FOUNDATION, INC**

**P.O. Box 770301**

**EAGLE RIVER, AK 99577**

**e-mail: [info@cerfoundation.org](mailto:info@cerfoundation.org)**

**web site: [www.cerfoundation.org](http://www.cerfoundation.org)**

**2017 BRIGGS MEMORIAL SCHOLARSHIP APPLICATION**

**(Do not use an earlier version of this application)**

**HISTORY OF THE BRIGGS FAMILY:**

In the Spring of 1943, Glenn & Mary Lou Briggs purchased 160 acres from homesteader Jack Cobol. Venturing out into the wilderness area of Chugiak-Eagle River, they began meeting local food needs at the military bases by growing potatoes and raising hogs.

As the community grew and local production became an increasing challenge, Glenn Briggs went into the development business building the first shopping center in the community of Eagle River. The Eagle River Shopping Center (home of Jitter's Where Coffee Is An Art") continues to be a vibrant center of economic activity today. The Briggs's original homestead has been developed into subdivisions in the Meadow Creek area located adjacent to the downtown business district.

**HISTORY OF SCHOLARSHIP:**

The Briggs's had a long affiliation with Chugiak High School and its graduates. During the early 1970's, the Briggs family provided financial assistance to Chugiak graduates who, without their assistance, would not have had an opportunity to earn a college education. The only request attached to the "scholarship" was a Christmas card report on their progress and achievements. The intent of this scholarship is to provide assistance where there is definite financial need.

**SCHOLARSHIP INFORMATION:**

The maximum amount of a scholarship is fifteen hundred dollars (\$1,500.00). This year the Foundation will be giving out \$7000 in scholarship funds.

**CHUGIAK-EAGLE RIVER FOUNDATION, INC.**  
**SCHOLARSHIP APPLICATION**  
**RULES OF ELIGIBILITY**

- A. Be a resident of Chugiak-Eagle River. Chugiak-Eagle River Foundation Board members or their dependents may not apply.
- B. Applicants may be graduating seniors from an Alaskan secondary school, or be attending or planning to attend a college or vocational school.
- C. Have a Letter of Acceptance from their intended accredited institution. Students already attending college or vocational school must have a transcript demonstrating a 2.5 or above GPA.
- Awards are for students who will attend on a full-time basis an accredited college or vocational school AND be enrolled in a course of study which leads to a degree or certificate.
- D. Demonstrate a need for financial assistance.
- E. One application with supportive documentation **MUST** be hand delivered or received by mailed **no later than March 31<sup>st</sup> by 4pm** :

**Delivery Address:**

Chugiak-Eagle River Foundation  
c/o Chugiak-Eagle River Chamber of Commerce office  
CER Town Center  
12001 Business Blvd. Suite 108  
Eagle River, AK 99577  
907-694-4702 Phone

**Mailing Address:**

Chugiak-Eagle River Foundation Inc.  
PO BOX 770301  
Eagle River, AK 99577

## CHECKLIST

- ❑ 1. Transcripts from high school and/or college, trade or vocational technical school (up-to-date, unofficial transcripts may be submitted with this application).
- ❑ 2. Personal data narrative, not to exceed two double-spaced pages, which includes:
  - a. Personal history,
  - b. Description of your career goals and how you plan to achieve them,
  - c. How you plan to contribute to the betterment of your community upon completion of your education.
- ❑ 3. List by year for the last four years, your activities in:
  - a. Employment/internship
  - b. Community service
  - c. Extracurricular activities
- ❑ 4. A complete application will include one letter of character reference (written on Jan. 1 or later):
- ❑ 5. Statement of Financial Plan & Need
- ❑ 6. Letter of acceptance.
- ❑ 7. Proof of residency.

**Please Print or Type**

**Name (last, first, middle)** \_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Home phone ( )** \_\_\_\_\_ **Mobile or Message Phone ( )** \_\_\_\_\_

**Parent's/Guardian's name** \_\_\_\_\_

**Parent's/Guardian's address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there other siblings currently attending post-secondary schools: Yes or No**

**If yes, what percent of tuition and school related costs are assumed by the family.**

**Sibling** \_\_\_\_\_ **Sibling** \_\_\_\_\_

**What School are you presently attending** \_\_\_\_\_

**What is the name of the college or vocational school you are going to attend?**  
\_\_\_\_\_

**College/school address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Financial Plan**  
(for current Academic/Program Year)

Date: \_\_\_\_\_

**This Financial Plan is intended to demonstrate your understanding of the financial resources required to complete your educational program.**

**SOURCES OF ESTIMATED FUNDS:**

Personal Savings ----- \_\_\_\_\_  
Projected Summer job/work income ----- \_\_\_\_\_  
Parents/guardians contribution ----- \_\_\_\_\_  
Other Scholarships granted or received ----- \_\_\_\_\_  
Student loans approved ----- \_\_\_\_\_  
Other sources of income ----- \_\_\_\_\_

**TOTAL:** ----- \_\_\_\_\_

**USES OF FUNDS:**

Tuition per year ----- \_\_\_\_\_  
Books/fees per year ----- \_\_\_\_\_  
Room & board per year ----- \_\_\_\_\_  
Personal expenses per year ----- \_\_\_\_\_  
Travel per year ----- \_\_\_\_\_  
Child care per year ----- \_\_\_\_\_

**TOTAL:** ----- \_\_\_\_\_

Budget deficit or surplus +/- \_\_\_\_\_

**The Committee will select the scholarship recipients based on:**

- A. Financial need as supported by the application, and**
- B. The merits of completed applications which must include: a transcript, a two-page narrative, an activities list, a letter of reference, and a financial plan.**

**Scholarships awarded to high school students will be announced at high school commencement ceremonies or senior award nights.**

**Scholarships awarded to post-secondary students will be notified via phone/mail.**

**CERTIFICATION**

**I certify that all answers to the preceding questions are true and correct. I understand that any false answers or deliberate omissions on this application may be grounds for rejection of this application and withdrawal of any award granted.**

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*Applicant's Signature*

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**Applicant's Printed Name**

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**Date**

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*Parent or Guardian Signature*

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**Date**

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**Funds must be used in their entirety by the end of the upcoming academic year. \_\_\_\_\_ (Initial)**

**Applications and supporting documentation must be HAND DELIVERED OR RECEIVED BY MAIL no later than April 1<sup>st</sup> at 4pm.**

**Bring all materials to:**

Chugiak-Eagle River Chamber of Commerce Office  
Chugiak-Eagle River Town Center  
12001 Business Blvd. Suite 108  
Eagle River, AK 99577  
694-4702  
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