

Short-Term Training Scholarship Application Form

Did you successfully complete	this training? Yes N	n Shee Atiká?lo lo Where?
Please list your prospective em	nployer upon completion of this tra	aining:
Shee Atiká Inc. will make a		ecently. Under a policy adopted by the Board of Directors ort term training course. The purpose of this funding is to it is subject to the following:
 The type of training and/or Payment will not be made shareholder's training. Payment will be made in the Shee Atiká reserves the right make full or partial payment Designate the organization of Submit a copy of the course School Name, addr Date training begins: Course Description:	schooling length must be 30 days to a shareholder. It will be made to a shareholder. It will be made to a shareholder. It will be made to the form of a Shee Atiká Inc check to the to question the reasonableness ts, or to deny payments in its sole of you want to receive our check. The description outlining the type of the tess and phone # of training institutions. Comp	the training institution so of any payment requested. Shee Atiká reserves the right to discretion. craining, cost, number of hours, etc. ution: pletion date:
	3,000 annual maximum as well as yo	
	CERTIFICA	ATION
I hereby	apply for the Shee Atiká tuition pa	ayment under the terms recited above.
Printed Name	SSN	Birthdate
Street/P.O. Box	Phone	
City, State Zip		
Dated this day of	, 20	
	Class A Sharehold	er Signature
Benefit Paid \$	SAI Representative Signature	