

## SCHOLARSHIP COMMITTEE APPLICATION

1.	Name:							
2.	Please list a	Please list all other names (first and last) by which you have ever been known:						
3.	Home Addr	ress:						
4.	Phone:				work			
5.	Preferred E	Preferred Email:						
6.	Date and lo	cation of Birth:	:					
7.	Social Secu	rity Number .						
8.	Drivers	License	Number ——	and	state	of	issuance:	
9.	Please attach a current resume.							
10. Com	Attach a personal statement about why you would like to serve on the Scholarshipnmittee.							
and Atika	disclosure o	e a credit and of the informat propriate and such use.	tion obtained	l by Shee	Atiká in si	uch mani	ner as Shee	
SIGNATURE				Date				

Please return this Application, along with your resume and personal statement no later than 5:00pm on **November 3, 2023** to the Shee Atika Board of Directors by one of the following methods:

By Regular US Mail or Hand Delivery: Shee Atiká Incorporated

315 Lincoln Street, Suite 300

Sitka, AK 99835

Attn: Shee Atika Board of Directors

By Fax: (907) 747-5727, Attention: Board of Directors

By email: info@sheeatika.com