

Scholarship Application Form

Dear Shareholder:

Attached is a Shee Atiká Scholarship application. Please **thoroughly** read the instructions before completing the application. The Scholarship Committee does not have access to your entire file and only reviews the information submitted with this application.

The following application deadline is open for consideration of full or part time students, vocational/technical training, cultural & heritage study, etc. PLEASE NOTE: this is our ONLY application deadline for the entire year.

March 8, 2024

Emailing (<u>info@sheeatika.com</u>) your PDF application and attachments is the recommended method of submitting your application. <u>NO FAXING</u> your application. <u>No exceptions will be made</u> for late <u>applications</u>. Applications must be received by the close of business on the due date listed above. We have one application deadline per year. If you need funding for the entire academic year, please indicate all term dates on page 5 indicating the exact number of credits for each term as our awards are per credit.

If you are applying for Vocational/Technical or Short Term training, please provide additional information with your application such as a copy of the booklet or pamphlet explaining the school you will be attending, cost of training, hours/timeframe to complete training and your course of study.

Your current Scholarship Committee consists of shareholders and is a separate committee from your Board of Directors. Your current scholarship committee is:

- Katherine Staton Eugene, OR
- Stephanie Masterman Seattle, WA
- Marta Wilmoth Independence, KY

If you have any questions, please contact the office.



ADMINISTRATION

The Board of Shee Atiká, Incorporated has set aside funds to provide educational grants to eligible shareholders. These funds are administered by a committee of shareholders, which is independent from the Shee Atiká Board. This committee is called the Shee Atiká Scholarship Committee. All decisions made by the scholarship committee regarding scholarships are final.

PURPOSE

The scholarship program has been designed to help shareholders meet educational goals. This may be by attending college, graduate school, trade or vocational school, or any other accredited training institution or school reasonably designed to help a shareholder into the work force or to advance a career. The emphasis will be on job preparation or job enhancement. Please note that we have a separate application for cultural & heritage study.

ELIGIBILITY

You must be a Class A (Alaska Native with voting rights) *Shee Atiká, Incorporated* shareholder. If you are not a shareholder, but are a family member of a shareholder, you will need to receive a *gift of at least one share* of Shee Atiká stock from a family member allowed to make a gift under the Alaska Native Claims Settlement Act (ANCSA).

You must have a high school diploma or GED to be considered for an award. While need and academic background may be taken into consideration, other factors may be more important in the committee's evaluation, such as your personal goals and your commitment to succeed. Please be advised that if your current GPA is less than 2.0 you may be placed on academic probation.

DISBURSEMENT OF FUNDS

Funds will only be distributed to the school on behalf of a scholarship recipient. This scholarship must be used for tuition, fees, books and supplies. Once these items have been paid in full, then any remaining funds can be released to both on and off campus students for room and board. Undergraduate students may receive up to \$100 per semester hour at a semester-system school or \$66.67 per quarter hour at a quarter-system school. The maximum award per academic year (August 1 through July 31) for undergraduates is \$3,000.

Graduate level awards will be apportioned based on the customary practice at the institution for that discipline. The maximum award per academic year for graduate school (including law, veterinary and medical schools) is also \$3,000. The committee may set the award based on other criteria for programs that do not fall strictly within a quarter or semester system. In those cases, students should provide documentation regarding what is considered "full time" enrollment for their particular school.

Students taking fewer credits than indicated will have their next award amount reduced by the amount of credits not taken.



<u>Lifetime Maximum</u> – A student may not receive more than the equivalent of four years of undergraduate scholarships and three years of graduate scholarships in his or her lifetime. All scholarship awards will apply against the shareholder's lifetime maximum. This amount is currently \$24,000. The Shee Atiká Board may increase or decrease the yearly maximum amounts for undergraduate and graduate study from time to time and said increases/decreases will serve to increase/decrease the lifetime maximum.

RECIPIENT'S RESPONSIBILITY

Scholarship recipients are responsible for informing the scholarship committee regarding their progress. This includes immediately advising the committee of any changes in status (i.e., drop school or a course) and mailing transcripts each quarter/semester or a current vocational progress report at the end of each academic period. Recipients must keep their mailing address and phone number current for their file at all times. Applicants are expected to have other resources and understand that scholarships from the Shee Atiká Scholarship Program will serve to supplement those resources.

OFFICIAL DOCUMENTS

The following documents must accompany your completed scholarship application:

- Most recent transcript, whether it is from high school or college. If you received a GED, then you must submit a copy of your certificate.
- Applications requesting a scholarship for vocational/technical programs must include a copy of the program description or course of study (copy of booklet or pamphlet) explaining the school, training course(s), cost of training and hours/timeframe to complete your training.

CHANGING SCHOOLS

If you are awarded a Shee Atiká scholarship and decide to change schools, please notify us at the Shee Atiká office as soon as possible.

If you change schools and your major/degree or course intentions remain the same, you need only resubmit the following:

- A cover letter including your name and address and an explanation for changing schools.
- Page 5 of the scholarship application.
- A copy of your new acceptance letter.

If you change schools and your major/degree or course intentions also change, then you need to reapply before the next application deadline.

ACADEMIC PROBATION

Students whose current (not cumulative) GPA falls below 2.0 may still be awarded an academic probation scholarship. Students who are placed on academic probation will not be eligible for further funding until a transcript is submitted verifying their current (not cumulative) GPA of at least 2.0.



TAXABILITY OF SCHOLARSHIPS

IRS regulations require that we report scholarships paid as taxable income to the recipient on a Form 1099-DIV. You may receive a 1099-DIV in late January of the following year for amounts paid during the previous calendar year.

The IRS may provide tax credit programs that can reduce or eliminate any tax liability caused by the receipt of scholarships from Shee Atiká. Please consult the IRS or your tax advisor for details and applicability to your situation.



GENERAL INFORM considered. Write N				mplete app	lications will not be				
Are you a Shee Atiká	shareholder? _	yes no	(<u>All</u> gift paperwork m	nust be com	nplete upon applying)				
Last Name	Fi	rst	N	1iddle					
Name as it appears	on your Share	holder record (if d	ifferent than above	e)					
Date of Birth									
PERMANENT Mailing Address			TEMPORARY Address in School						
Street Address	or P.O. Box		Street Address	or	P.O. Box				
City	State	Zip	City	State	Zip				
Area Code Phon	e#/CellF	Phone #	Area Code	Phone #	/ Cell Phone #				
Email Address (<u>Very</u>	/ Important)								
EDUCATION List must submit their			nost recent (i.e. coll	lege then l	nigh school) All applicants				
Name of School		Date & Year Las	t Attended		raduate? es/No/ <u>C</u> ur <u>re</u> ntly Attending)				
*If you didn't gra	aduate, state	reason:							
High School G.P.	٦.	Current Col (Do not indi	lege G.P.A. cate "see transcrip	,	umulative)				
PERSONAL GOAL	STATEMENT	Explain and attach s	separately						
Applicable to first t	ime applicants,	if you change schoo	ls/degree program (or have not	applied recently				
Examples to includ honors and 3) How	•	•		-	civities, including any least one page.				
FOR OFFICE USE ONLY: Date of last award:			Amount \$						

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SCHOOL INFORMATION

Name of College/University/Schoo	rt (do not abbreviate)	inancial Aid Addr	C33				
Financial Aid Officer/Counselor	City		State	Zip			
FAO Phone #	FAO Fa	X #					
Website Address	Email A	Email Address					
s this an accredited School recogn	ized by the U.S. De	partment of Edu	cation? Yes	* No			
* If you answer No, you must provid	e the school's accre	ditation/certificati	on information.				
Current Major, Minor, Degree Prog AA AS BA BS M.		tudy: cational/Technic					
Expected graduation or program con	npletion date:						
CLASS STANDING/TYPE OF TRAIN	NING for the upcom i	ing academic year	(Markthe <u>ONE</u> applicab	le box)			
Undergraduate: Freshman Graduate/Masters (competed 4 yea 1st year 2nd yea	ars undergraduate)	:	Senior Vocational/Techni	cal			
TYPE OF TERM (Mark one box)							
	rimester Othe	er (indicate):					
LIST ALL DATES APPLYING FOR A Our academic year is August 1 throug							
TERM START DATES Fall Winter Spring	(mm/dd/yyyy) dd	ouble check year		h hours			
Summer							
Number of credits per term require	ed by the school yo	u will be attendir	g to be considered t	full time:			
BUDGETFORECAST:	Pe	er Term	Per Year				
Tuition and Fees	\$	\$					
Books and Supplies	\$	\$					
Room and Board	\$	\$					
Other:	\$	\$					
TOTAL	\$	\$					

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Amount requested from the Shee Atiká Scholarship Program \$ Not to e					
My signature below certifies that to the best of my knowledge the information give authorize Shee Atiká to release this information as may be necessary to any other financial aid. This also authorizes release of academic & financial aid award/annotatiká newsletters. I acknowledge that the information submitted in this application verification by the Shee Atiká Scholarship Committee and the Shee Atiká, Incorpo	ragency providing uncements for the Shee on may be subject to				
Signature Date					
Print or Type Name of Applicant					
STUDENT CHECKLIST: (Check mark the boxes on the left to make sure your appli	ication is Complete)				
<u>Student</u>	Staff				
Application Complete? (Double check that ALL blanks complete? Application typed or	printed legibly?)				
Personal Goal Statement attached? (Applies to: first time applicants; if changing schools program; or if it has been over a year since you have applied to our scholarship program)	or degree				
☐ Budget Forecast fully complete?					
Current transcript attached? Your transcript must be received at the Shee Atiká office business on the application deadline date. Transcripts can be unofficial.	e by the close of				
Acceptance letter or Proof of Enrollment attached?					
☐ W-9 form attached? (Required with each application. This scholarship may be taxabl	e to you.)				
Permission to Release Information attached? (Required with all applications)					
☐ Vocational Program Information attached? (Description of school/training, hours & co	ost)				
APPLICATION DEADLINE					

APPLICATION DEADLINE

March 8, 2024

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PERMISSION TO RELEASE INFORMATION

l,	, request that the following college/school release <u>academic ar</u>	d
financial aid information, as requir	ed, for as long as required or until revoked in writing by me from	
their files and records to the Shee	Atiká Scholarship Committee, 315 Lincoln Street, Suite 300, Sitka,	
Alaska 99835.		
Name of school: (Same colleg	e/school listed on Page 5)	
Address		
Signed this day of	, 20	
	Student Signature	
	Printed Name of Student	
	 Date of Birth	

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Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

intoma	111010	THE COLVIDO									
	Name (as shown on your income tax return)										
ge 2.	Bus	Business name/disregarded entity name, if different from above									
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification: Individual/sole proprietor										
Print or type		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=par	tnership) ►						∐ Ex	empt	payee
F		Other (see instructions) ▶									
pecific	Add	ress (number, street, and apt. or suite no.)	company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► rect, and apt. or suite no.) Requester's name and address (optional) Social security number sector, or disregarded entity, see the Part I instructions on page 3. For other er identification number (EIN). If you do not have a number, see How to get a more than one name, see the chart on page 4 for guidelines on whose Employer identification number attion y, I certify that: this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and ckup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue								
See S	City	, state, and ZIP code									
	List	account number(s) here (optional)									
Pai	τI	Taxpayer Identification Number (TIN)									
Enter	your	TIN in the appropriate box. The TIN provided must match the name given on the "Na	me" line	So	cial se	curity	/ numbe	<mark>er</mark>			
reside	ent ali	ackup withholding. For individuals, this is your social security number (SSN). Howevel en, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For or s your employer identification number (EIN). If you do not have a number, see <i>How to</i>	her :				-		-		
TIN o											
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose		ployer identification number									
numb	er to	enter.				-					
Par	t II	Certification									
Unde	r pen	alties of perjury, I certify that:									
1. Th	e nur	nber shown on this form is my correct taxpayer identification number (or I am waiting	for a num	nber t	o be i	ssued	d to me), and	ł		
Se	rvice	t subject to backup withholding because: (a) I am exempt from backup withholding, of (IRS) that I am subject to backup withholding as a result of a failure to report all interer subject to backup withholding, and									
3. I a	m a l	J.S. citizen or other U.S. person (defined below).									
becau intere gener instru	use yourst parally, per certions	on instructions. You must cross out item 2 above if you have been notified by the IR ou have failed to report all interest and dividends on your tax return. For real estate traid, acquisition or abandonment of secured property, cancellation of debt, contribution bayments other than interest and dividends, you are not required to sign the certificates on page 4.	ansactions ns to an in	s, iten Idividi	n 2 do ual re	oes no tireme	ot apply ent arra	y. For ingen	mortonent (I	gage RA),	and
Sign Here		Signature of U.S. person ►	Date ►								

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.