

Youth Scholarship Application Form

Shee Atiká, Incorporated is happy to support our youth by offering a scholarship program for students ages 5 – 18 who are Class A Shee Atiká shareholders who own at least 1.00 share. The primary focus of this scholarship is to fund school and community activities for young shareholders, including camps such as the Fine Arts Camp. This program is not intended to assist with after school programs or child care centers.

Students can apply for an annual scholarship up to \$500 (lifetime maximum is \$5,000). Our funding cycle is based on a calendar year (January 1 – December 31).

1. The attached form must be fully completed and signed by the Custodian of a Shee Atiká Shareholder and submitted with a copy of an invoice from the school/agency.
2. Payment will be payable to a school/agency for the activity indicated.

Return completed application to:

Shee Atiká, Incorporated
315 Lincoln St, Ste 300
Sitka, AK 99835
info@sheeatika.com
(907) 747-3534 office
(800) 478-3534 toll free

Award Guidelines:

Youth scholarship awards shall be made by staff within two weeks after a completed application is received and approved. Checks will be mailed to the program/agency/school on the next accounts payable check cycle after approval of application. Applications submitted after the program start date will not be considered.

The application must include a copy of an invoice from the school/agency to include: mailing address for payment, total charges, and description of the activity.

If you have any questions about this program or application process, please contact the office.

Youth Scholarship Application Form

Student information (please print):

Student Name _____ Grade _____ Age _____

Student Social Security Number _____

Custodian Name _____

Mailing Address _____ Phone Number _____

Scholarship Information

Name of School or Agency _____

Mailing Address _____

Name of Program/Activity _____

Start Date _____ Completion Date _____ Requested Amount _____

\$500 maximum per calendar year (1/1 through 12/31)

RELEASE

My signature below certifies the information provided is true and correct. This also serves as a release of information and/or pictures provided for the purpose of announcing my scholarship in the Shee Atiká newsletters. I also authorize the Shee Atiká staff to verify my child's information submitted in this application.

Custodian Signature _____ Date _____

Return completed application to:

Shee Atiká,
Incorporated 315
Lincoln St Ste 300
Sitka, AK 99835
info@sheeatika.com

Benefit Paid \$ _____ SAI Representative Signature _____ Date _____

Class A Shareholder? ☐ YES ☐ NO