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## 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 deadlines are for full- or part-time students, vocational/technical training, and long-term cultural & heritage study. The upcoming deadlines are as follows:

March 13, 2026 (4pm, Alaska time)  
June 12, 2026 (4pm, Alaska time)  
October 9, 2026 (4pm, Alaska time)

There are three ways to submit your application and all supporting documentation:

1. Email: [info@sheeatika.com](mailto:info@sheeatika.com) (preferred method)
2. Mail: Shee Atiká, Incorporated, 315 Lincoln Street, Suite 300, Sitka, AK 99835
3. Drop Off: Shee Atiká, Incorporated, 315 Lincoln Street, Suite 300, Sitka, AK 99835

Applications must be received by the close of business on the due dates listed above. 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 so that your award amount can be calculated based on your number of credits taken.

If you are applying for Vocational/Technical training please provide a program description with your application such as a copy of the brochure or printout of the webpage explaining the school you will be attending, cost of training, hours/timeframe to complete training and your course of study.

**Late application will not be accepted.**

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

- Sheridan Bacon - Sitka, AK
- Stephanie Masterman - Seattle, WA
- Marta Wilmoth - Independence, KY

If you have any questions, please contact the office.

## **ADMINISTRATION**

The Board of Trustees of the Shee Atiká Benefits Trust 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 enter 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 or Class B 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 success. 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. Awards are based on 24 semester hours or 36 quarter hours depending on the school. Undergraduate students may receive up to \$187.50 per semester hour or \$125.00 per quarter hour. The maximum award per academic year (August 1 through July 31) for undergraduates and cultural & heritage studies is \$4,500 and for vocational technical training is \$4,000 beginning 1/1/2026.

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 is \$6,000. 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. For example, the University of Alaska Southeast considers graduate students full time if they take 9 credits per semester.

**Lifetime Maximum** - The Shee Atiká Benefits Trust Board of Trustees eliminated the lifetime maximum in August 2025. The Shee Atiká Board may increase or decrease the yearly maximum amounts for undergraduate and graduate study from time to time and the Board may reinstate the lifetime maximum and/or increase/decrease the annual award amounts, which will serve to increase/decrease the lifetime maximum if reinstated.

## **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., withdraw from school or drop a course) and timely submitting transcripts after each term or a current vocational progress report at the end of each academic period. Recipients must ensure their mailing address and phone number are always current in the shareholder database. 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:

- **Proof of Education:** (1) Most recent transcript (high school or college) or (2) **GED certificate**
- **Program Description** (*vocational programs only*): **Brochure** or printout of webpage providing the name of training institution, training course(s), cost of training and number of course hours to complete training
- **Personal Goal Statement** (applies to first time applicants, applicants changing schools or degree programs, or if it has been over a year since last application): Please write a one-page personal goal statement that includes but is not limited to your personal and professional goals, activities and honors/awards received, how this scholarship will benefit you and how your education will benefit you, your family and/or your community.
- **Proof of Enrollment:** Letter of acceptance from school or university or copy of registration.
- **[W-9](#)** (*IRS Request for Taxpayer ID and Certification*): Complete Box 1 (name), Box 3a (individual), Box 5/6 (address), Part I (social security number), Part II (sign and date).
- **Permission to Release Form:** Submit along with application.

## **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 may 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 scholarship; however, they will be placed on academic probation. That means that if they do not achieve a GPA of at least a 2.0 in that term, the student will not receive funding for future terms until a transcript is submitted verifying they achieved a GPA of at least 2.0 in the term before they receive funding again.

## **TAXABILITY OF SCHOLARSHIPS**

IRS regulations may require that we report scholarships paid as taxable income to the recipient on Form 1099-DIV. You may receive a 1099-DIV in late January of the following year for amounts paid during the previous calendar year. Shee Atiká will make an announcement in January advising as to whether scholarship payments are taxable to the shareholder each 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 INFORMATION**

 Are you a Shee Atiká shareholder?  Yes  No *(Must be a Shee Atiká Shareholder to be eligible for scholarships)*

 Name \_\_\_\_\_  
*(Last, First, Middle)*

 Name as it appears on your Shareholder record *(if different than above)* \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Home Mailing Address	Temporary School Mailing Address

Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

**EDUCATION** List schools attended starting with most recent *(include high school and college)*.

Name of School	Date Last Attended (mm/yyyy)	Did you Graduate?	GPA

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*(If you did not graduate, please state reasoning.)*

FOR OFFICE USE ONLY:

Date of last award: \_\_\_\_\_

Amount \$ \_\_\_\_\_

**SCHOOL INFORMATION**

Name of College/University/School *(do not abbreviate)* \_\_\_\_\_ Financial Aid Address \_\_\_\_\_

Financial Aid Officer (FAO) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAO Phone # \_\_\_\_\_ FAO Fax # \_\_\_\_\_

Website Address \_\_\_\_\_ Email Address \_\_\_\_\_

Is this an accredited School recognized by the U.S. Department of Education?  Yes  \* No  
*(\*If you answer NO, you must provide the school's accreditation/certification information.)*

Current Major, Minor, and Degree Program or Course of Study: \_\_\_\_\_  
 AA  AS  BA  BS  MA  PhD  Vocational/Technical  
*(You must be enrolled in a degree program or course of study to be eligible for the scholarship program.)*

Expected graduation or program completion date: \_\_\_\_\_

**CLASS STANDING/YEAR OR TYPE OF STUDY** for upcoming academic year *(Mark one box)*

Undergraduate:  Freshman  Sophomore  Junior  Senior

Graduate:  1st year  2nd year  3rd year  4th year

Other:  Vocational/Technical  Other: \_\_\_\_\_

**TYPE OF TERM** *(Mark one box)*

Quarter  Semester  Trimester  Other: \_\_\_\_\_

**LIST ALL DATES AND NUMBER OF CREDITS FOR EACH TERM YOU ARE APPLYING FOR:**  
*(Academic year is August 1 through July 31. You may apply for funding for the entire academic year.)*

Term	Start Date (mm/dd/yyyy)	Number of credits/term or Voc/Tech hours/term
Fall		
Winter		
Spring		
Summer		

Number of credits per term required by the school you will be attending to be considered full time: \_\_\_\_\_

**BUDGET FORECAST:**

	Per Term	Per Year
Tuition and Fees	\$ _____	\$ _____
Books and Supplies	\$ _____	\$ _____
Room and Board	\$ _____	\$ _____
Other:	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

Amount requested from the Shee Atiká Scholarship Program \$ \_\_\_\_\_  
**Not to exceed annual maximums: \$4,500 (undergraduate and cultural & heritage), \$4,000 (voc/tech), \$6,000 (graduate)**

My signature below certifies that to the best of my knowledge the information given is true and correct. I authorize Shee Atiká to release this information as may be necessary to any other agency providing financial aid. This also authorizes release of academic & financial aid award announcements for the Shee Atiká newsletters, website, shareholder portal and social media. I acknowledge that the information submitted in this application may be subject to verification by the Shee Atiká Scholarship Committee and the Shee Atiká Staff.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Applicant *(please print legibly)*

**STUDENT CHECKLIST:** *(Check mark the boxes on the left to make sure your application is Complete)*

Student	Checklist Items	Staff
	Application (all blanks are filled, if handwritten it is legible)	
	Proof of Education: most recent transcript (can be unofficial) or GED certificate	
	Program Description: vocational program information (if applicable)	
	Personal Goal Statement (if applicable)	
	Proof of Enrollment: acceptance letter or copy of registration	
	W-9 form: request for taxpayer ID and certification	
	Permission to Release form	
	Proof of School's Accreditation (if not accredited by the US Dept of Education)	

**APPLICATION DEADLINES**

March 13, 2026 (4pm, Alaska time)  
 June 12, 2026 (4pm, Alaska time)  
 October 9, 2026 (4pm, Alaska time)

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

## PERMISSION TO RELEASE INFORMATION

I, \_\_\_\_\_, authorize the release of my academic and financial aid  
(your name)  
information from \_\_\_\_\_ to the Shee Atiká Scholarship Committee, located at  
(name of school or university)  
315 Lincoln Street, Suite 300, Sitka, Alaska 99835. This authorization shall remain in effect for the  
duration required or until I revoke it in writing.

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date of Birth

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Employer identification number</b>									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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.