

SCHOLARSHIP COMMITTEE APPLICATION

1. Name:_____

2. Please list all other names (first and last) by which you have ever been known:
_____

3. Home Address: _____
_____

4. Phone: _____ home
_____ work
_____ cell

5. Preferred Email: _____

6. Date and location of Birth: _____

7. Social Security Number (last four) _____

8. Drivers License Number and state of issuance: _____

9. Please attach a current resume.

10. Attach a personal statement about why you would like to serve on the Scholarship Committee.

I hereby authorize a credit and background check by Shee Atiká. I consent to the use and disclosure of the information obtained by Shee Atiká in such manner as Shee Atiká deems appropriate and I release Shee Atiká from any liability otherwise associated with such use.

_____
SIGNATURE Date

Please return this Application, along with your resume and personal statement no later than 5:00pm on **October 30, 2026** to the Shee Atiká 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 Atiká Board of Directors

By Fax: (907) 747-5727

By email: info@sheeatika.com