

Cultural & Heritage Application Form

QUESTIONS

1. When did you last receive a cultural & heritage scholarship from Shee Atiká? _____
2. Did you successfully complete this training? ____Yes ____No ____N/A
3. If you answered yes to #2, did you submit your Project Report along with samples (i.e. pictures)?
____Yes ____No (If you answered No, you must submit your Report before applying for additional funding)
4. Training Start Date: _____ End date: _____ Name of Course: _____
5. Cost of training: \$ _____ (Max \$1,000) (This award counts toward your \$4,500 annual max)

PURPOSE

The purpose of this funding is to encourage learning, preservation and appreciation of our shared cultural heritage among as many shareholders as possible. To support this mission, the Shee Atiká Board of Trustees will award scholarships for the cost of a cultural & heritage study training program.

APPLICATION PROCEDURES

1. Complete and sign the application (must be signed by the shareholder or custodian)
2. Designate the organization you want to receive payment.

Name, address and phone number of organization providing training

3. Submit a copy of the course description outlining the type of training, cost, number of hours, etc. If you do not have a course description the attached ***Instructor's Course Outline*** must be completed by your instructor.
4. Submit a Project Report and photos of your project or learning experience once the course is completed.
5. Payment will only be made to the business or organization providing the training (not to an individual).
6. Funding can be used for course fees, materials, supplies and/or tools.
7. You must be a Shee Atiká shareholder to be eligible for scholarships.

CERTIFICATION

My signature below certifies that to the best of my knowledge the information given is true and correct. I authorize Shee Atiká to release award announcements for the Shee Atiká newsletters, website, shareholder portal and social media. Shee Atiká reserves the right to question the reasonableness of any payment requested. Shee Atiká reserves the right to make full or partial payments, or to deny payments in its sole discretion.

Signature

Date

Name of Applicant (*please print legibly*)

FOR OFFICE USE ONLY

\$ _____
Benefit Paid

Shee Atiká Representative Signature

Date

SHEE ATIKÁ SCHOLARSHIP CULTURAL & HERITAGE STUDY INSTRUCTOR'S COURSE OUTLINE

To be completed by the instructor if a course description is not available through the school.

Instructor Name: _____

Course Title: _____

Class Total # Hours and Days: _____

COURSE DESCRIPTION (*describe what the student will learn or attach a course description*)

INSTRUCTOR'S BACKGROUND (*provide bio or attach a resume*):

Instructor Signature

Date