

# 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 such as Ventures, Rally, or Latch Key.

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](mailto:info@sheeatika.com)  
(907) 747-3534 office  
(800) 478-3534 toll free

**Scholarship Deadlines:**

- January 5, 2024
- April 5, 2024
- July 5, 2024
- October 4, 2024

**Award Guidelines:**

Youth scholarship awards shall be made by staff one week after each application deadline. Checks will be mailed to the program/agency/school two weeks prior to the start of the program. Applications submitted after the deadline will not be considered. If an application is received after a program has already started, it 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](mailto:info@sheeatika.com)

Benefit Paid \$ \_\_\_\_\_ SAI Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Class A Shareholder? YES NO