

## Youth Scholarship Application Form

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Shee Atiká, Incorporated is happy to support our youth by offering a scholarship program for students ages 5 - 18 who are 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 Sitka 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 \$750. 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 made payable to a school/agency for the activity indicated.
3. Submit an invoice from the school or training institution that includes its name, mailing address, total charges, and a description of the activity.

**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:**

There are no deadlines for youth scholarships. They are approved in-house by staff. Applications must be submitted prior to the start date of any program.

**Award Guidelines:**

Youth scholarship awards shall be made by staff as soon as possible after the application is received. Checks will be mailed to the program/agency/school two weeks prior to the start of the program. 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.

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## Youth Scholarship Application Form

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**Student information (please print):**

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Student Name

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Grade

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Age

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Custodian Name

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Mailing Address

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Phone Number**Scholarship Information**

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Name of School or Agency

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Mailing Address

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Name of Program/Activity

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Start Date

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Completion Date

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Requested Amount

(\$750 maximum per calendar year)

(1/1 through 12/31)

**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.

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Custodian Signature

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Date**Return completed application  
to:**

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