

Shee Atika Inc/Sitka Tribe of Alaska

Pilot Program - Sports/Music Scholarship

Sitka Tribe of Alaska in collaboration with Shee Atika Incorporated offer a scholarship program for Shee Atika Shareholders and/or Sitka Tribal citizens interested in participating in a school sports or music program. Students are eligible for up to \$300 per year; eligibility is based upon household income.

Please note: this is a pilot scholarship program and future funding is not guaranteed. If you are interested in this program, you are encouraged to contact the Sitka Tribe of Alaska's Education Specialist Crystal Duncan at 747-3207 for a copy of the pilot project's policies.

APPLICATION PROCESS

- **Complete the Student Application,**
- **Complete the Parent Application [attachment necessary], and,**
- **Ask the coach or athletic coordinator as well as school registrar complete the "School Authorization Form" [attachment necessary].**

Return all three of the forms and attachments to the Education Specialist at the Sitka Tribe of Alaska by 4:30 on the second Friday of the month. Deadlines are firm. Incomplete applications or applications received after the monthly deadline will not be accepted but will be considered for the following month. We will NOT reimburse for activities, which have already concluded, application must be approved prior to the start of the program.

Eligibility will be screened and the STA/Shee Atika School Sports/Music Scholarship Committee will forward its award information to Shee Atika and to the family by the last day of each month.

If you have any questions about these forms or the policies, do not hesitate to contact the STA Education Specialist. *A phone call can ensure that your application is properly submitted so do not hesitate to call Crystal Duncan at 747-3207.*

Date Received: _____ Time Received: _____

Request for School Sports/Music Scholarship

STUDENT APPLICATION

(1) Student Name: _____ (2) Grade: _____

(3) Sport/Band/Choir Activity: _____

(4) Mailing Address: _____ (5) Phone Number: _____

(6) Are you enrolled with STA _____ (7) Are you a Shee Atika shareholder _____

(8) What positive aspects will you gain by participating in this sport (circle all that apply)?

Self-Worth

Strength

Respect

Friends

Follow Directions (listen)

Other:

Team Work

Endurance

Sportsmanship

Problem solving skills

Role Model to others

Confidence

Coordination

Discipline/focus

Pride

Non-verbal Communication

(9) If you can't participate in sports, what activities will you use to fill your time?

(10) Other comments or any other information that we should know?

Student Signature: _____ Date: _____

Date Received: _____ Time Received: _____

Request for School Sports/Music Scholarship

PARENT APPLICATION

(1) Name: _____ (2) Mailing Address: _____

(3) Contact Number: _____ (4) Number of people in Household: _____

(5) Number of Children in Household: _____ (6) Household Annual Income: \$_____

Household Size:	Net Income: Monthly/Annually
2	\$1,603/\$19,238
3	\$2,011/\$21,134
4	\$2,419/\$29,030
5	\$2,827/\$33,926
6	\$3,235/\$38,822
7	\$3,634/\$43,718
8	\$4,051/\$48,614

(7) In your own words, please briefly explain the need for this sport scholarship:

Parent Signature: _____ Date: _____

This application is NOT complete without the following attachments:

(1) MONTHLY PAY STUB TO APPLICATION FORM

(2a) A COPY OF YOUR CHILD/DEPENDENT'S STIKA TRIBAL ENROLLMENT CARD

OR

**(2b) A COPY OF DOCUMENTATION THAT CHILD/DEPENDANT IS A
SHEE ATIKA SHAREHOLDER**

For more information please contact Crystal Duncan at (907) 747-3207

Date Received: _____ Time Received: _____

Request for School Sports/Music Scholarship

SCHOOL AUTHORIZATION FORM

MUST BE COMPLETED BY COACH/ATHLETIC COORDINATOR

(1) Name: _____ (2) School: _____ (3) Contact Number: _____

(4) Sport: _____ (5)*Cost to participate: \$ _____

(6) Signature: _____ (7) Date: _____

This application is NOT complete without the following attachments:

(1) *A COPY OF AN INVOICE FOR STUDENT TO PARTICIPATE IN THIS SPORTS/MUSTICAL ACTIVITY

(2) A SCHEDULE OF THE SPORT/MUSICAL ACTIVITY

MUST BE COMPLETED BY SCHOOL REGISTRAR

(1) Name: _____ (2) Contact Number: _____

(3) Student Name: _____ (4) GPA: _____

(4) Does Student meet requirements to be eligible for travel: _____

(5) Signature: _____ (6) Date: _____

For more information please contact Crystal Duncan at (907) 747-3207

Date Received: _____ Time Received: _____