



315 Lincoln St., Suite 300  
Sitka, Alaska 99835  
(907) 747-3534 Direct  
(907) 747-5727 Fax  
(800) 478-3534 Shareholder Line

**CULTURAL & HERITAGE  
SCHOLARSHIP APPLICATION**

When did you last receive a cultural & heritage scholarship from Shee Atiká? \_\_\_\_\_

Did you successfully complete this training? \_\_\_\_ Yes \_\_\_\_ No

Did you submit your follow up report along with samples (i.e. pictures) of your art form? \_\_\_\_ Yes \_\_\_\_ No (if you answered No, you must comply with this before reapplying for additional funding)

Under a policy adopted by the Board of Trustees of the Shee Atiká Benefits Trust, Shee Atiká will make a payment for the cost of a cultural & heritage study training award. **The purpose of this funding is to enhance & preserve our Alaska Native heritage.** The payment is subject to the following:

1. This form must be signed by the Shee Atiká Shareholder and an authorized Shee Atiká Benefits Trust representative.
2. Payment will not be made to a shareholder. It will be made only to pay the cost incurred with a shareholder's training.
3. Payment will be made in the form of a Shee Atiká Benefits Trust check to the training organization.
4. 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.
5. Designate the organization you want to receive our check.
6. Submit a copy of the course description describing the training, cost, number of hours, etc. If you do not have a course description the attached Instructor's Projected Course Outline must be completed by your instructor.

Organization Name, address and phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date training begins: \_\_\_\_\_ Completion date: \_\_\_\_\_

Course Description: \_\_\_\_\_

Cost of training: \$ \_\_\_\_\_ (Maximum Award **\$815**)

**CERTIFICATION**

I hereby apply for the Shee Atiká tuition payment under the terms recited above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State Zip

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Shareholder Signature

Benefit Paid \$ \_\_\_\_\_

\_\_\_\_\_  
SABT Representative Signature

\_\_\_\_\_  
Date

**SHEE ATIKÁ BENEFITS TRUST SCHOLARSHIP  
CULTURAL & HERITAGE STUDY  
INSTRUCTOR’S PROJECTED COURSE OUTLINE  
TO BE COMPLETED BY THE INSTRUCTOR**

Instructor Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Class Hours and Days: \_\_\_\_\_

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


Instructor’s background or attached biography (indicate “see attached” if attaching a resume):


\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**