



315 Lincoln St., Suite 300
 Sitka, Alaska 99835
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**COMMERCIAL DRIVER'S LICENCE (CDL)
 TRAINING TUITION APPLICATION**

When did you last receive Short Term training assistance or a Scholarship from Shee Atiká? _____

Did you successfully complete the course(s)? ____ Yes ____ No

Did this course allow you to obtain work? ____ Yes ____ No Where? _____

Please list your prospective employer upon completion of this training: _____

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 Sitka Tribal Tours' Commercial Driver's License Class C, Passenger Endorsement Training course. The payment is subject to the following:

1. This form must be signed by the Shee Atiká shareholder, an authorized Sitka Tribal Tours representative and an authorized Shee Atiká Benefits Trust representative.
2. This form must be accompanied by a Sitka Tribal Tours CDL training application.
3. Payment will not be made to a shareholder. It will be made only to pay the tuition fee incurred in connection with a shareholder's CDL training.
4. Payment will be made in the form of a Shee Atiká Benefits check to: Sitka Tribal Enterprises, 429 Katlian Street, Sitka, AK 99835
5. 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.

CERTIFICATION

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

 Printed Name Last 4 of your SSN Birthdate

 Street/P.O. Box Phone

 City, State Zip

Dated this _____ day of _____, 20_____.

 Shareholder Signature

Tuition Fee \$ _____

 Sitka Tribal Enterprises signature Date

Benefit Paid \$ _____

 SABT Representative Signature Date