



315 Lincoln St., Suite 300
Sitka, Alaska 99835
Tel (907) 747-3534
Fax (907) 747-5727
1-800-478-3534 Shareholder Line

SHORT TERM TRAINING SCHOLARSHIP APPLICATION

When did you last receive a Short Term training scholarship from Shee Atiká? _____

Did you successfully complete this training? Yes No

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

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

PLEASE read the following. This application was updated recently. 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 short term training course. **The purpose of this funding is to prepare Shareholders with immediate employment.** 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 tuition fee incurred in connection with a shareholder's training.
3. Payment will be made in the form of a Shee Atiká Benefits Trust check to the training institution
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.

School Name, address and phone # of training institution:

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 _____ SSN _____ Birthdate _____

Street/P.O. Box _____ Phone _____

City, State Zip _____

Dated this _____ day of _____, 20____.

Shareholder Signature

Benefit Paid \$ _____ SABT Representative Signature _____ Date _____