



SCHOLARSHIP COMMITTEE APPLICATION

1. Name: _____
2. Please list all other names (first and last) by which you have ever been known:

3. Home Address: _____

4. Phone: _____ home
_____ work
_____ cell
5. Preferred Email: _____
6. Date and location of Birth: _____
7. Social Security Number _____
8. Drivers License Number and state of issuance: _____
9. Please attach a current resume.
10. Attach a personal statement about why you would like to serve on the Scholarship Committee.

I hereby authorize a credit and background check by Shee Atiká. I consent to the use and disclosure of the information obtained by Shee Atiká in such manner as Shee Atiká deems appropriate and I release Shee Atiká from any liability otherwise associated with such use.

SIGNATURE

Date

Please return this Application, along with your resume and personal statement no later than 5:00pm on **October 31, 2020** to the Shee Atika Board of Directors by one of the following methods:

By Regular US Mail or Hand Delivery:

Shee Atiká Incorporated
315 Lincoln Street, Suite 300
Sitka, AK 99835
Attn: Shee Atika Board of Directors

By Fax: (907) 747-5727, Attention: Board of Directors

By email: info@sheeatika.com