



## 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 **November 12, 2021** 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](mailto:info@sheeatika.com)