

SHUMAGIN CORPORATION



SCHOLARSHIP APPLICATION

Applicant Information:		
Last Name:	First Name:	Middle Name:
Street Address:		
City:	State:	Zip:
State of Residence:		Place of Birth:
Date of Birth:		Social Security No.
Mother's Name:		Father's Name:
Marital Status:		
Spouse's Name:		

School You Will Attend:
Name:
Location:
Proposed Major:
Other Area of Study:

Have you taken the SAT?		
When?	Where?	Score?

High School(s) Attended:		
School Name:		
Location		
Attended from:		Attended until:
Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School Name:		
Location		
Attended from:		Attended until:
Did you Graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Colleges Attended:		
College Name:		
Location:		
Attended from:		Attended until:
Major:		Minor:
Degree Earned:		Year:
College Name:		
Location:		
Attended from:		Attended until:

Major:	Minor:
Degree Earned:	Year:

Graduate School:	
School Name:	
Location:	
Attended from:	Attended until:
Major:	Minor:
Degree Earned:	Year:

Personal References:		Please provide two personal references	
Name:			
Street Address:			
City:	State:	Zip:	
Telephone:			
Name:			
Street Address:			
City:	State:	Zip:	
Telephone:			

Employment History:	
Employer:	
Supervisor Name:	

Street Address:		
City:	State:	Zip:
Telephone:		
Employer:		
Supervisor Name:		
Street Address:		
City:	State:	Zip:
Telephone:		
Employer:		
Supervisor Name:		
Street Address:		
City:	State:	Zip:
Telephone:		

Financial Assistance Applications:	Please provide us with a list of other financial assistance for which you applied	
Organization:	Date:	
Amount Applied For:	Amount Received:	
Organization:	Date:	
Amount Applied For:	Amount Received:	
Organization:	Date:	
Amount Applied For:	Amount Received:	

On a separate sheet of paper, state your personal motivation for seeking to pursue your education. Please direct your comments toward academic motivations and your life experiences, including any involvement in Native affairs.

You should attach one letter of recommendation to your application. This letter may be from a school teacher, employer, or someone who has known you for at least two years, and who understands your desire to pursue your education.

Privacy Act Waiver: I hereby authorize the release of any information, as is necessary to assist me in obtaining financial assistance from Shumagin Corporation from sources other than the Bureau of Indian Affairs.

I understand that only such information as is allowed under the Privacy Act (P.L. 93-0579) and for the specific purposes set out above, will be released to the administrative personnel of Shumagin Corporation.

Signature:

Printed Name:

Date: