



Sitka Tribe of Alaska  
Cultural Resources Department  
Physical: 205 Baranof Street  
Mailing: 456 Katlian Street  
Ph: (907) 747-3207  
Fax: (907) 747-4915  
[scholarship.applicant@sitkatriben-sns.gov](mailto:scholarship.applicant@sitkatriben-sns.gov)

## **Sitka Tribe of Alaska Youth Scholarship**

Sitka Tribe of Alaska (STA) is proud to support our Tribal Youth!

The youth scholarship is intended to assist our tribal youth by defraying the costs associated with participating in sports, music programs, and associated school fees. We want to enrich the lives of our tribal youth by supporting extracurricular activities.

### **Eligibility:**

Applicant **must be an enrolled** STA Tribal citizen between age 4 to 18. To be considered for a scholarship, an application must be completed and submitted.

### **Funding Provided If Awarded:**

Applications must be received prior to the start of the sports or music activity. If an application is received after the program's start date, the application may not be considered, unless the activity is an on-going program (examples of on-going programs include but are not limited to: Baranof Barracudas and Sitka Studio of Dance).

Students are eligible for two \$100 scholarships per calendar year, \$100 each for two separate sports or music activities. (January 1 – December 31)

1. The application must be completed and submitted by the parent/guardian of the student
2. **Copy of the invoice from the vendor/school that has the**
  - a. **mailing address for payment,**
  - b. **total costs of the program**
  - c. **description of the activity**

Payment will be submitted directly to the vendor of the activity from STA.

The award will be made at the sole discretion of the STA Cultural Resource Staff and decisions are final.

If awarded, it is encouraged to provide a picture of your child/children doing his/her activity to include in our STA newsletter or other media coverage.



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## STA Youth Scholarship Application

Please print clearly and fill in ALL boxes

### Student Information:

Student Name:	Grade:
STA Enrollment Number:	Age:
Parent/Guardian Name:	Phone:
Mailing Address:	Email:

### Scholarship Information:

Name of School/Vendor:	Name of Contact:	
Mailing Address:	Phone:	
Name of Program/Activity:	Email:	
Description of Activity:		
Start Date:	Completion Date:	Cost <b>w/attached invoice:</b>

### Release:

My signature certifies that the above information is true and correct. This also serves as a release of information and authorization to use pictures provided for the purpose of announcing my scholarship in the STA newsletters or media coverage.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

### Return completed application to:

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 Mailing: 456 Katlian St.  
 Sitka, AK 99835  
[scholarship.applicant@sitkatriben-sns.gov](mailto:scholarship.applicant@sitkatriben-sns.gov)  
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***** OFFICE USE ONLY *****				
date	approved	amount	initials	notes: