



## Walter Charley Memorial Scholarship Application

[ahtnaheritage@yahoo.com](mailto:ahtnaheritage@yahoo.com)

The Ahtna Heritage Foundation is excited you are actively pursuing your education goals. Ahtna Shareholders are eligible for the WCMS. Full-time students are eligible for up to \$2,000.00 per Fall or Spring Semester and Part-time students are eligible for up to \$1,000.00 per Fall or Spring Semester. WCMS will be paid directly to the institution, college, or university in which you are enrolled and registered.

### To be Eligible of the WCMS, you must be:

- o A high school graduate or have a GED
- o An Ahtna Shareholder
- o Accepted to an accredited college, university or vocational school, or accepted in a program specializing in a recognized area of field of study
- o Registered as a full or part-time student in an accredited college, university or vocational school, or accepted in a program specializing in a recognized area of field of study
- o Have a 2.00 GPA as a high school or college student (not applicable as GED recipients)

### New Applicants: please submit the following

- o A complete application (Must type or print legibly in ink)
- o A letter of acceptance from the school you plan to attend
- o Documentation proving you are an Ahtna Shareholder
- o A one page letter describing your personal goals
- o **Official transcript**
  1. GED or higher education facility
  2. mailed directly from the school
  3. Must be received within 45 days of deadline
- o Two letters of recommendation
- o Provide Official Proof of Enrollment and registration, detailing your semester class units/credits (Anything printed from the internet will not be accepted)

### Renewal Applicants - you must provide:

- o A complete application (Must type or print legibly in ink)
- o **Official transcript**
  1. GED or higher education facility
  2. mailed directly from the school
  3. Must be received within 45 days of deadline
- o Provide Official Proof of Enrollment and Registration, detailing your semester class units/credits (Anything printed from the internet will not be accepted)

If your application is incomplete, scholarship awards cannot be issued until we receive all items detailed above. Your application and signature are required by the deadline. Scholarship decisions will be made and checks mailed to the school three to four weeks after final approval. All applicants will be informed of award status via letter.

It is not necessary to *fax, e-mail, express mail, UPS, FedEx, or send your application by any other special delivery.* Make sure the post office postmarks (cancels your stamps) on or before the deadline. Send your application and all other items in an envelope to: Ahtna Heritage Foundation, ATTN: WCMS, P.O. Box 213 Glennallen, Alaska 99588.

**Postmark DEADLINES : JULY 15**

**DECEMBER 15**

**NO LATE OR INCOMPLETE SUBMISSIONS WILL BE ACCEPTED**

**Ahtna Heritage Foundation** ~P.O. Box 213~Glennallen, AK  
99588~P.907.822.5778~F.907.822.5338~[www.ahtnaheritagefoundation.com](http://www.ahtnaheritagefoundation.com)



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**1. WHAT SEMESTER & YEAR YOU ARE APPLYING FOR?**

\_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year  
\_\_\_\_\_ New Applicant \_\_\_\_\_ Renewal Applicant

**2. STUDENT STATUS:**

\_\_\_\_\_ Full-time # of Credits \_\_\_\_\_  
\_\_\_\_\_ Part-time # of Credits \_\_\_\_\_

**3. YOUR PERSONAL INFORMATION:**

**NAME:**Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
**ADDRESS:** P.O. Box or Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail address: \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ (optional for use of check process) **MAIDEN NAME:** \_\_\_\_\_

**4. YOUR AHTNA STATUS:** \_\_\_\_\_ Enrolled Shareholder \_\_\_\_\_ Class L Stock

**5. YOUR AHTNA OR VILLAGE AFFILIATION:** Cantwell Ceeshna KlutiKaah Chitina  
Gakona Gulkana Tazlina Mentasta At Large

**6. SCHOOL INFORMATION:** (remember to send us your Official Transcript or GED verification)

School Name: \_\_\_\_\_

**STUDENT ID #** (needed for check process): \_\_\_\_\_

School Main Phone #: \_\_\_\_\_ Financial Aid Phone #: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MAJOR:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**MINOR:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Credits still needed to complete \_\_\_\_\_ Semesters that it will take to complete \_\_\_\_\_

**DEGREE TO BE OBTAINED:** \_\_\_\_\_

**YEAR IN SCHOOL:** \_\_\_\_\_ Vocational \_\_\_\_\_ Associates \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore  
\_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate

**7. WHAT OTHER FINANCIAL AID HAVE YOU APPLIED FOR OR RECEIVING?**

\_\_\_\_\_  
\_\_\_\_\_

**8. List any school, community, volunteer, and/or cultural activities, awards, honor societies, and/or leadership, which you were involved.**

\_\_\_\_\_  
\_\_\_\_\_

**9. List any additional information or special circumstances you want the TAHF Scholarship Committee to consider. Please attach an additional sheet if needed.**

\_\_\_\_\_  
\_\_\_\_\_

**10. Cost of Tuition/Books Per Semester:**

Tuition: \$ \_\_\_\_\_

Books: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

## Scholarship Conditions and Signature

By my signature below, I hereby certify that the information provided in this initial or renewed form is, to the best of my knowledge, true and correct, and that I have not knowingly withheld any facts or circumstances that could jeopardize consideration of my application; and by submitting this application I give TAHF permission to verify any and all information in this application.

I understand that in order for my scholarship to be approved I must have maintained at least a 2.00 GPA during high school (not applicable if GED recipient). Or if a continuing student, I must have maintained at least a 2.00 GPA, and completed all the classes in which I have enrolled during last semester.

I understand that the TAHF Scholarship Committee will consider exceptions to the two above conditions only in rare cases of extreme personal hardship during the last semester, including but not limited to, death in your close family, personal illness, and other personal hardship; and that a detailed letter of explanation and appropriate documents is required.

I understand my application and signature must be postmarked by the deadline. If my application is received after the Fall or Spring semester deadline, it will not be considered or accepted. Spring~JULY 15, Fall~DECEMBER 15

I understand that TAHF must receive the Official Transcripts & Proof of Enrollment within 45 days of the deadline.

I authorize TAHF and Ahtna Inc. to release my name in connection with any public announcement of scholarship award. I also authorize TAHF to share my information to Ahtna Inc. Subsidiaries for future intern or job placement.

I understand that the scholarship, if awarded, will be paid directly to the institute, college, university, or program at which I am enrolled and registered.

I understand that I must send all required application items in one envelope to:

The Ahtna Heritage Foundation  
P.O. Box 213  
Glennallen, AK 99588  
ATTN: WCMS

I have read and understood the above statements and will abide by the conditions of the award, if approved.

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

Parent's signature required only if student is less than 18 years of age

Optional - circle either of the following you are interested in

- € Being featured in the Ahtna Newsletter - ***The Ahtna Kanas***
- € Interested in employment with an Ahtna Subsidiary, if so we will need to share graduating date and degree information