

Walter Charley Memorial Scholarship
Application

***- Needs to be answered to be complete**

Please type or print legibly in ink

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

_____ Fall _____ Spring _____ Year
_____ New Applicant _____ Renewal Applicant

2. * STUDENT STATUS:

_____ Full-time _____ Part-time

3. * YOUR PERSONAL INFORMATION:

NAME

Last _____ First _____ Middle _____

YOUR ADDRESS:

P.O. Box or Street _____

City _____ State _____ Zip Code _____

YOUR CONTACT INFORMATION:

Telephone _____ E-mail _____

4. * YOUR AHTNA STATUS:

_____ Enrolled Shareholder _____ Class L Stock

5. * YOUR AHTNA OR VILLAGE AFFILIATION:

_____ Cantwell _____ Cheesh-na _____ Chitina _____ Gakona _____ Gulkana
_____ Kluti-Kaah _____ Tazlina _____ Mentasta _____ At-Large

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

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

School Name: _____

School Main Phone _____

Financial Aid Office Address: _____

City: _____ State: _____ Zip Code: _____

*** YOUR MAJOR:** _____

*** DEGREE TO BE OBTAINED:** _____

*** YEAR IN SCHOOL:** _____ Vocational _____ Associates _____ Freshman

_____ Sophomore _____ Junior _____ Senior _____ Masters _____ Doctorate

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

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

Cost of Tuition/Books Per Semester:

Tuition: \$ _____

Books: \$ _____

TOTAL: \$ _____