ALASKA TELEPHONE ASSOCIATION SCHOLARSHIP QUALIFICATIONS

- 1. Be sponsored by an Active or Associate Member.
- 2. Have been a resident of Alaska for not less than four (4) years, or have attended school in Alaska for at least two (2) years.
- 3. Have demonstrated success in an academic or vocational field.
- 4. Plan to attend an accredited post secondary school or training program for at least one year.
- 5. **Official transcript** must be included with application and not delivered under separate cover.
- 6. Applications must be submitted to the ATA office via U.S. mail, courier or in person. **E-mail copies and fax copies are not acceptable.**

ALASKA TELEPHONE ASSOCIATION 2014 SCHOLARSHIP APPLICATION

(please print or type)

1.	Name:
2.	Address:
3.	Telephone:
4.	Email:
5.	Social Security Number:
6.	Parent or Guardian:
7.	Sponsoring Telephone Company or Associate Member Company:
8.	College or trade school you are attending (please include address and telephone number of institution):
9.	Planned area of study:
10.	
11.	Honors, awards and extracurricular activities:

Out-of-school employment (summer or after school employment) and volunteer work:						
Em	ployer:	Type of Work:	Dates:			
	•	nation that may be helpful to	-			
COL	Committee:					
Ple	ase provide three	(3) recommendations from the	ne following sources			
Plea	ase provide three Teacher or for		ne following sources			
	Teacher or for	rmer teacher; whom you have been closely	-			
a.	Teacher or for A person with (such as an en	rmer teacher; whom you have been closely	y associated with			
a. b.	Teacher or for A person with (such as an en A person of your position.	rmer teacher; whom you have been closely nployer);	y associated with ne in a professional			

Mail application to: Alaska Telephone Association Scholarship Committee 201 E. 56th Avenue, Suite 114 Anchorage, AK 99518

OFFICIAL TRANSCRIPT MUST BE ENCLOSED WITH APPLICATION

I,	, by accepting this
Alaska Te	lephone Association Scholarship, and acknowledge the
following t	terms and conditions:
1.	Scholarship funds will be deposited in my name with the institution of my choice.
2.	I must attend said institution. Funds will not be available if I fail to register or be accepted.
	Recipient's Signature
	Date