



Craig Tribal Association

P.O. Box 828

Craig, AK 99921

Ph: (907) 826-3996 Fax: (907) 826-3997

Attn: Scholarship Committee

Scholarship Application

Name (print): _____
Last First Middle

Are you a CTA Tribal Member? ___Yes ___ No

Are your parents CTA Tribal Members? ___Yes ___ No

Name of Parents: _____

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Name and address of college/vocational school you plan to attend:

Major field of study:

Career Goals:

Honors or Awards:

Volunteer Activities:

Community Involvement:

Employment:

1. Employer: _____ Phone: _____
Position: _____ Employed from _____ to _____
2. Employer: _____ Phone: _____
Position: _____ Employed from _____ to _____

I certify that the above statements are true to the best of my knowledge.

Signature: _____ Date: _____

Note: If awarded this scholarship, please expect up to 45 days to process the application (please apply accordingly). You will receive a notice verifying approval of application and verification of payment to institution.