



Craig Tribal Association  
P.O. Box 828  
Craig, Alaska 99921  
Tel: 907-826-3996  
Fax: 907-826-3997

## Culture Class Scholarship Application

Hosted by: \_\_\_\_\_

### Applicant Information

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- City/State/Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Tribal Enrollment Number: \_\_\_\_\_

### Scholarship Details

Class: \_\_\_\_\_  
Class Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Scholarship Fee: \_\_\_\_\_  
Check Payable To: \_\_\_\_\_  
Vendor Mailing Address: \_\_\_\_\_

### Eligibility Requirements

- Must be Craig Tribal Association member.
- Must be a Direct Decedent if you do not reside within Craig Alaska City limits.
- Must provide us with a CTA Tribal ID.
- Must be able to attend the full duration of the class.
- **Note:** If the recipient does not complete the class, they will be responsible for reimbursing the full amount of the scholarship funding.

### Signature

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I also understand that if I do not complete the full duration of the class, I will be responsible for reimbursing the full amount of the scholarship funding.

- **Applicant Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_



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### Short Answer Questions

1. **Why are you interested in taking the Class? (optional)**  
(Please provide a brief explanation of your passion for drum-making or cultural arts)  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. **How will attending this class benefit you and your community? (optional)**  
(Explain how you plan to use the skills learned and how it could impact your community)  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. **Do you have any previous experience? If yes, please describe.**  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit completed applications to:**

Cultural Coordinator  
505 Front St.  
Craig, AK 99921

#### Office use only:

Is the applicant a Craig Tribal Member? Yes or No \_\_\_\_\_  
Enrollment Dept. \_\_\_\_\_ Date \_\_\_\_\_

Has the applicant received a Scholarship in the past 12 months? Yes or No \_\_\_\_\_

Scholarship Fund Balance: Total Awarded Amount: \$ \_\_\_\_\_ Amount used to date: \$ \_\_\_\_\_ Finance Dept. \_\_\_\_\_ Date \_\_\_\_\_  
Remaining Balance: \$ \_\_\_\_\_

\_\_\_\_\_  
Cultural Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Approved or Denied: \_\_\_\_\_  
Tribal Administrator \_\_\_\_\_ Date \_\_\_\_\_