

**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.

**ALASKA TELEPHONE ASSOCIATION  
SCHOLARSHIP APPLICATION**  
(please print or type)

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

**APPLICATION DEADLINE APRIL 16, 2010**

11. Out-of-school employment (summer or after school employment) and volunteer work:

Employer:	Type of Work:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. List any other information that may be helpful to the Scholarship Committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please provide three (3) recommendations from the following sources:

- a. Teacher or former teacher;
- b. A person with whom you have been closely associated with (such as an employer);
- c. A person of your choice, preferably someone in a professional position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**PLEASE ENCLOSE OFFICIAL TRANSCRIPT  
WITH APPLICATION**

I, \_\_\_\_\_, by accepting this

Alaska Telephone Association Scholarship, and acknowledge the

following 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