



HUNA HERITAGE FOUNDATION

CULTURAL EDUCATION SCHOLARSHIP PROGRAM

Name: _____
Last First Middle

Your Clan / House / Tlingit Name (if known)

Last Four Digits of Your Social Security Number: _____ Birth date: _____

Your Permanent Address: _____

Box/Street City State Zip

Your Address at school: _____

Box/Street City State Zip

Your Phone No: (at school) _____ (work) _____ (permanent) _____

Email (primary): _____ Email (alternate): _____

Are you a Huna Totem Shareholder or a Descendant of a Shareholder? Shareholder Descendant Shareholder ID Number: (Your # or # of person you are descendant of): # _____

If you are a Descendant, provide the name of the shareholder and your relationship to the shareholder: _____

Parent's Names: Mother (include maiden name): _____ Father: _____

Where will the classes or projects take place? _____

Start Date: _____ Completion Date: _____

Identify the art form or cultural knowledge you intend to study:

- Language Oral History/Legends Sewing/Beading
- Wood Carving Jewelry Making/Carving Dancing/Singing
- Regalia Spruceroot/Cedar Weaving Ravenstail/ Chilkat Weaving
- Medicine Foods Other _____

Statement of Need:

Please explain your financial needs and share how this training will benefit you.

FINANCIAL ASSISTANCE NEEDS

COST OF TRAINING:

Tuition \$ _____
Travel Costs \$ _____
Books & Supplies \$ _____
Housing \$ _____
Meals \$ _____
Transportation \$ _____
Other
(Identify) _____ \$ _____
Other
(Identify) _____ \$ _____
Total Training Expenses \$ _____

RESOURCES AVAILABLE:

Personal Contribution \$ _____
Other scholarships/funding \$ _____
Other (Identify) _____ \$ _____
Total Resources Available . . . \$ _____

To determine your financial needs, subtract your Total Resources from your Total Training Expenses.

Total Cost of Training. \$ _____
Total Resources. \$ _____

AMOUNT NEEDED \$ _____

List two (2) people we can contact to reach you if needed:

1) Name: _____
 First Last

Address: _____
 Box/Street City State Zip

Phone No: _____ (work) _____ (other) _____

Relationship to you: _____ Email: _____

2) Name: _____
 First Last

Address: _____
 Box/Street City State Zip

Phone No: _____ (work) _____ (other) _____

Relationship to you: _____ Email: _____

I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant Date

Mail Application To: Huna Heritage Foundation
9301 Glacier Highway, Suite 210
Juneau, AK 99801

OR

Huna Heritage Foundation
PO Box 275
Hoonah, AK 99829

FAX Application To: (907) 789-1896

Email Application To: amelia.wilson@hunaheritage.com

For Information Call: (907) 789-8582