

HUNA HERITAGE FOUNDATION

CULTURAL EDUCATION SCHOLARSHIP PROGRAM

Name:					
	Last	First		Middle	
		n / House / Tlingit	Name (if known)		
Last Four Digits of You Social Security Numb			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)	(perma	nent)	
			Email		
Email (primary):			(alternate):		
Are you a Huna Totem Shareholder or a Descendant of a Shareholder?	☐ Shareholder	□ _{Descendant}	Shareholder ID Nu (Your # or # of perso are descendar	on you	
If you are a Descendar the name of the shareh your relationship to the	nolder and				
Parent's Names: Mother (included) Name and address of			Father:		
the organization host the class or workshop	ing				
Start Date:		Comple	etion Date:		

Ide	ntify the art form o	r cu	ltural knowledge you inte	nd 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
	ement of Need:	al ne	eds and share how this training	ng will benefit you.

FINANCIAL ASSISTANCE NEEDS

COST OF TRAINING:	
Tuition	\$
Travel Costs	\$
Books & Supplies	\$
Housing	\$
Meals	\$
Transportation	\$
Other (Identify)	\$
Other (Identify)	\$
Total Training Exp	penses \$
RESOURCES AVAILABLE:	
Personal Contribution	\$
Other scholarships/funding	\$
Other (Identify)	\$
Total Resou	ırces Available \$
To determine your financial needs, subtract your Training Expenses.	our Total Resources from your Total
Total Cost of Training	\$
Total Resources	\$
AMOUNT NEEDED	\$
 HHF Application Requirements All sections of Huna Heritage Foundation at 2. Letter of acceptance or proof of enrollment Copy of birth certificate attached. If the applies as a descendant, the applicant must certificate. If their grandparent is the share to provide a copy of their parent's birth certificate. 	t from the class is attached. plicant is not a shareholder and t provide a photocopy of their birth eholder, the applicant will also need

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

Name:					
	First	Last			
Idress:		O ''			
Box/St	reet	City	State	Zip	
one No:	(work)		(other)		
elationship to you:	Email:				
Name:					
	First	L	ast		
ldress: Box/Sti	·oot	City	State	7in	
·	(work)	,		-	
elationship to you:	Email:				
Signature of Applicant		Date			
Mail Application To:	Huna Heritage Foundation 9301 Glacier Highway, Suit Juneau, AK 99801	e 210			
	OR				
	Huna Heritage Foundation PO Box 275 Hoonah, AK 99829				
FAX Application To:	PO Box 275				
FAX Application To: Email Application To:	PO Box 275 Hoonah, AK 99829	ge.com			
• •	PO Box 275 Hoonah, AK 99829 (907) 789-1896 amelia.wilson@hunaheritag	ge.com			
Email Application To:	PO Box 275 Hoonah, AK 99829 (907) 789-1896	ge.com			