



College Scholarship Program and Application

ASTAC annually awards four \$2,500 scholarships to four resident students from our serving territory. We do not include Deadhorse since it is not a residential community.

ELIGIBILITY

Applicants for the scholarship must:

- be a high school senior **OR** a student currently enrolled in a post-secondary education institution
- be accepted in a two-year or four-year college, university or trade school **OR** be currently enrolled in a two-year or four-year college, university or trade school
- have at least a C average
- be a resident of a community served by ASTAC

APPLICATIONS

Applications must include:

- Completed application form
- Educator recommendation
- Two letters of recommendation
- Essay on the applicant's long-term post-graduation plans
- High-school transcript **OR** transcript from current post-secondary education institution

INSTRUCTIONS

- Ensure application is legible, print or type is preferred
- Ensure all requested documents are included
- Submittals will only be accepted electronically to: info@astac.net, include 'Scholarship Program' in the subject line

Application forms and required documents must be emailed to ASTAC no later than: **11:59pm, Tuesday, June 1, 2021.**



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NAME:
MAILING ADDRESS, CITY, STATE, ZIP CODE:
TELEPHONE NUMBER:
EMAIL ADDRESS:
NAME OF PARENT(S) OR GUARDIAN(S):
HIGH SCHOOL YOU ATTEND:
HIGH SCHOOL TELEPHONE NUMBER:
UNIVERSITY OR COLLEGE YOU PLAN TO ATTEND:
MAILING ADDRESS:
TELEPHONE NUMBER (ADMISSIONS OFFICE):
HAVE YOU BEEN ACCEPTED AT THE UNIVERSITY/COLLEGE: YES <input type="checkbox"/> NO <input type="checkbox"/>
IF NOT, WHEN WILL YOU KNOW?
HIGH SCHOOL HONORS AND AWARDS:
COMMUNITY ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED:
BRIEF SUMMARY OF YOUR CAREER PLANS:



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Identify the activities in which you have been involved by selecting the number of years you have participated in each area:

Band	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Baseball	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Basketball	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Cheerleading	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Choir	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Cross-Country	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Debate	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Drill Team	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
FBLA	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	FFA	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
FHA	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Football	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Foreign Lang.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Newspaper	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
NHS	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Soccer	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Speech	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Student Gvmt.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Tennis	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Theatre	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Track	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Volleyball	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Wrestling	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	Yearbook	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
Other	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>									

Applicant Certification: I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to the Arctic Slope Telephone Association Cooperative Inc to contact my references or school, if necessary, and to use my name and likeness in promotional materials in the event that I am selected to receive a scholarship.

Signature of Applicant: _____ Date: _____