

Richard H. Carle Jr. Memorial Scholarship Application

If you need more space, include information on a separate sheet of paper. You must complete the entire application.

Name _____

Social Security # _____ Date of Birth _____

Mailing Address while in School

School Telephone Number _____

Permanent Address

Permanent Contact Telephone Number _____

Name and Address of School Financial Aid Office:

Vocational or Career Goals: _____

Names and Addresses of Colleges or Vocational Schools Attended:

Acceptance for Admission (**Must submit the Letter of Acceptance and Class Registration**)

Have applied _____ Have been accepted _____

School Year _____ [] Semester [] Quarter [] Monthly

[] Fall [] Winter [] Spring [] Summer

Academic Month and Year: Beginning Date _____ Ending Date _____

Estimated cost of education for the year \$ _____

Classification Klawock Heenya Corporation Shareholder Yes ____ No ____

Maiden Name (if applicable) or other names previously used: _____

I understand that this application for a scholarship does not guarantee me that funds will be available for the term of my schooling. My signature below certifies that the foregoing application is true and correct.

Signed _____ Date: _____

Return completed application and other required information to

Klawock Heenya Corporation
PO 129
Klawock, AK 99925

To Contact Us:

Phone: 907-755-2270
FAX: 907-755-2966

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