

## William G. Demmert 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

Email: [marge@aptalaska.net](mailto:marge@aptalaska.net)

Mary Edenshaw: [khc@aptalaska.net](mailto:khc@aptalaska.net)