

United States Coast Guard
Spouses' and Women's Association of Sitka,
Alaska

SCHOLARSHIP APPLICATION FORM
(Minimum Award of \$500)

Name _____ Date of Birth _____

Address _____ State _____ Zip Code _____

Phone Number _____ Sponsor's Name _____

Sponsor's Status: Active Duty ___ Retired ___ Reservist ___ Number of Brothers and Sisters ___

Please Circle your birth order: 1 2 3 4 5 other _____

Which post secondary educational program do you plan to attend? _____

(Example: Technical/Vocational/Institute/College/University)

Location of Program _____

Have you applied for this school? _____ Have you been accepted? _____

Please list positions of employment, extracurricular activities and community services
that you have been involved in: _____

List any awards received or earned during your high school years:
