

United States Coast Guard
Spouses' and Women's Association of Sitka,
Alaska
P.O.Box 1164
Sitka, AK 99835

SCHOLARSHIP APPLICATION FORM
(Minimum Award of \$500)

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Phone number _____ Sponsor's Name _____

Sponsor's Status: Active Duty ___ Reservist ___ Duty Station _____ Retired ___ Deceased ___

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 or are currently attending?

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

Address of Program: _____

Financial Aid Office phone number: _____

Have you applied to this school? ___ Have you been accepted? ___

If you are currently attending a post-secondary program, what year are you in now? _____

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

List any awards received or earned during the past four years: _____

