



College Scholarship Program and Application

ASTAC annually awards four scholarships to four resident students from our serving territory. We do not include Deadhorse as 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 tradeschool **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:

Submissions must include:

- A completed, legible application form (print or type is preferred), including a signature
- At least (1) teacher, course supervisor, professor, volunteer, or work supervisor (if the jobs were education or leadership related), or administrator recommendation, written within the last 3 years
- At least two (2) letters of recommendation, written within the last 3 years
- An essay on the applicant's long-term post-graduation plans
- High school transcript or transcript from current post-secondary education institution
- Completed submissions must be emailed to info@astac.net by 11:59pm of the deadline, with 'Scholarship Program' in the subject line

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:
Wednesday, June 1, 2022 at 11:59 p.m.



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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: _____