

Dr. William G. Demmert Jr. Scholarship Application

NOTE: 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

Permanent Contact Number _____

Name & Address of School Attending and School Telephone number:

Vocation or Career Goals:

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

Have applied _____ Have been accepted _____

School Year _____ Semester Quarter

Fall Spring 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 & correct, and that by signing below, I acknowledged and understand the scholarship guidelines & requirements.

Signature _____ Date _____

Return completed application and other required information to:

Klawock Heenya Corporation
PO Box 129
Klawock, AK 99925

To contact us:
Phone: 907-755-2270
Fax: 907-755-2966
Email: marge@aptalaska.net