



700 W. 41<sup>st</sup> Ave. #102  
 Anchorage, AK 99503  
 Phone 907-258-2424  
 Fax 907-258-2414  
 Email: akba@gci.net

**ABA Annual Scholarship Application Form**

**Deadline for Application: April 1  
 Scholarship Awarded in May of each year**

- |  |  |
|--|--|
| 1. Name: _____   | Alaska Resident:<br>No _____<br>Yes, since (year) _____      |
| 2. Soc. Security Number: _____   |  |
| 3. Permanent Address:<br>_____<br>_____  | Citizenship:<br>USA _____<br>Other _____                     |
| 4. Telephone: __ ( ) _____   | Email: _____   |
| 5. Place of Birth _____  | Date of Birth _____  |
| 6. High School Graduation Date _____   |  |
| 7. Name and Location High School _____   | Do you plan to live in AK<br>after graduation _____          |
| 8. Class Standing as of Fall Semester for this year<br>Freshman, new, first time in College _____<br>Freshman, transfer or continuing _____<br>Sophomore _____<br>Junior _____<br>Senior _____ | Major(s) _____<br>_____                                      |
| 9. Name of College or University, or Trade School you plan to attend:<br>_____   |  |
| 10. Enrollment Status:<br>Full time _____  | At least half time (6 or more credits<br>per Semester) _____ |

Please attach: 1. a resume of employment (past 2 years), extra curricular activities for both school and community, and awards and honors. 2. Three letters of reference. 3. A short essay on your personal goals.

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that if I should receive this scholarship of \$2,000, it will be sent to the Registrar of the institution of my choice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_