## William G. Demmert Scholarship Application

If you need more space, include information on a separate	e sheet of paper. You must complete the entire application.
Name	
Social Security #	Date of Birth
Mailing Address while in School	
School Telephone Number	
Permanent Address	
Permanent Contact Telephone Number	
Name and Address of School Financial Aid Off	fice:
Vocational or Career Goals:	
Names and Addresses of Colleges or Vocationa	al Schools Attended:
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Acceptance for Admission (Must submit the I	Letter of Acceptance and Class Registration)
Have applied Have been a	accented

School Year [ ] Semester [ ] Quarter [ ] ]	Monthly
[ ] Fall [ ] Winter [ ] Spring [ ] Summer	
Academic Month and Year: Beginning Date En	ding 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 guaran the term of my schooling. My signature below certifies that the for	
Signed	Date:
Return completed application and other required information to	
Klawock Heenya Corporation	
PO 129 Klawock, AK 99925	
Humber, Till 77725	

To Contact Us:

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