

# Dual Enrollment Scholarship Application

## UAS Sitka Campus

Student Name (Last, First, M): \_\_\_\_\_

UA ID (if known): \_\_\_\_\_ Expected HS Graduation Year: \_\_\_\_\_

Current High School or Home School: \_\_\_\_\_

Are you Alaska Native? If yes, what is your tribal affiliation? \_\_\_\_\_

What are your plans after high school (continue on back as needed)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Tell us about your parent/guardian education:

Highest school completed by Parent 1

Middle school/Jr. High

High school

Some college

College degree or beyond

Other/unknown

Highest school completed by Parent 2

Middle school/Jr. High

High school

Some college

College degree or beyond

Other/unknown

### Place a check next to any financial assistance programs(s) that any of your household members receive.

Head Start

Rental Assistance

Food Stamps

Medicaid/Denali Kid Care

Alaska Heating Assistance Program

WIC

Alaska Weatherization Assistance Program

Free or Reduced Lunch

Community Service Block Grant Assistance

Other \_\_\_\_\_

*I agree that all of the above statements are true. I agree to accept the decision of the selection committee for scholarships considered by review of this application.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if student is under 18 years old)

\_\_\_\_\_  
Date