



## HUNA HERITAGE FOUNDATION

### CULTURAL ASSISTANCE PROGRAM

Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Your Clan / House / Tlingit Name (if known)

Last Four Digits of Your Social Security Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Your Permanent Address: \_\_\_\_\_  
Box/Street City State Zip

Your Address at school: \_\_\_\_\_  
Box/Street City State Zip

Your Phone No: (at school) \_\_\_\_\_ (work) \_\_\_\_\_ (permanent) \_\_\_\_\_

Email (primary): \_\_\_\_\_ Email (alternate): \_\_\_\_\_

Are you a Huna Totem Shareholder or a Descendant of a Shareholder?  Shareholder  Descendant Shareholder ID Number: (Your # or # of person you are descendant of): # \_\_\_\_\_

Descendant of what HTC Shareholder? Name: \_\_\_\_\_

Parent's Names: Mother (include maiden name): \_\_\_\_\_ Father: \_\_\_\_\_

Where will the classes or projects take place? \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_



**FINANCIAL ASSISTANCE NEEDS**

**COST OF TRAINING:**

Tuition . . . . . \$ \_\_\_\_\_  
Travel Costs . . . . . \$ \_\_\_\_\_  
Books & Supplies . . . . . \$ \_\_\_\_\_  
Housing . . . . . \$ \_\_\_\_\_  
Meals . . . . . \$ \_\_\_\_\_  
Transportation . . . . . \$ \_\_\_\_\_  
Other  
(Identify) \_\_\_\_\_ \$ \_\_\_\_\_  
Other  
(Identify) \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Training Expenses . . . . . \$ \_\_\_\_\_**

**RESOURCES AVAILABLE:**

Personal Contribution . . . . . \$ \_\_\_\_\_  
Other scholarships/funding . . . . . \$ \_\_\_\_\_  
Other (Identify) \_\_\_\_\_ \$ \_\_\_\_\_  
**Total Resources Available . . . . \$ \_\_\_\_\_**

---

To determine your financial needs, subtract your Total Resources from your Total Training Expenses.

Total Cost of Training. . . . . \$ \_\_\_\_\_  
Total Resources. . . . . \$ \_\_\_\_\_

**AMOUNT NEEDED . . . . . \$ \_\_\_\_\_**

**I certify that the information I have provided is true to the best of my knowledge.**

---

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_