



Juneau Community Foundation's Simon & Anna Kirk Scholarship Fund Application

The Simon & Anna Kirk Memorial Scholarship Fund was established by Michael Kirk at the Juneau Community Foundation to support students based on their **dependability** and the **effort** they show as evidenced by consistently putting forth the student's best effort; **consideration** of others; **trustworthiness**; and, financial need. All students are welcome to apply.

An annual award will be given to one male and one female student from Juneau Douglas High School and one student (male or female) from Yaakoosge Daakahidi High School. Only seniors may apply but awards will only be given out after the student's graduation.

Scholarships are for \$1,750 per year, with a maximum award total of \$7,000 – recipients may be awarded up to four years of undergraduate study, vocational school, or supervised apprenticeship training. Students must demonstrate annually that they are registered and in good standing. The stipends may be used for tuition or to enable the student to purchase necessary books, academic supplies, tools, equipment, or uniforms. Scholarships will be sent to the institution that awardees will be attending.

Return completed applications to jenna@juneaucf.org

Completed application includes the attached:

- Application form: completed by student
- Student transcript: provided by student
- Nomination form: must be completed and emailed by nominator to jenna@juneaucf.org

Applications must be received by May 15, 2020 at 5:00 p.m.

The scholarship committee will make recommendations and announce this year's scholarships by May 13, 2020.

NOTE: The Juneau Community Foundation does not provide tax advice regarding how to report these funds for tax purposes. Applicants should consult their tax advisor or the IRS.



**Simon & Anna Kirk Scholarship
Application Form**

1. Applicant Information

Name: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: () _____ Email: _____

High School: _____

College, vocational, or apprenticeship program ID number, if known _____

2. Undergraduate, Vocational or Training Program you will be pursuing

Name of college, vocational, or apprenticeship program:

Mailing Address: _____

City/State/Zip: _____

Date you will begin: _____

3. Your goal (you may use the space below or a separate sheet of paper):

Applicant Signature: _____ **Date:** _____

Please attach a copy of your current transcript to this application.

