

**ALASKA RETIRED EDUCATORS ASSOCIATION  
(AKREA)**

**SCHOLARSHIP APPLICATION FORM**

Name: \_\_\_\_\_

UA ID Number: \_\_\_\_\_ Which UA Campus \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Citizenship: USA \_\_\_\_\_ Other \_\_\_\_\_

Alaska Resident: No \_\_\_\_\_ Yes, since \_\_\_\_\_ Place of Birth \_\_\_\_\_

Major Field of Study \_\_\_\_\_ Expected Degree \_\_\_\_\_

Class Standing as of next September:

Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate \_\_\_\_\_ Research Associate \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Do you plan to live in Alaska after graduation? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the information I have provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date