Sitka Tribe of Alaska
Cultural and Academic Resources Department
204 Siginaka Way
Sitka, AK 99835

STA 2026 Youth Activities Scholarship Application

The Sitka Tribe of Alaska (STA) is proud to support our STA tribal youth through the Youth Activities Scholarship Program. The STA Youth Activities Scholarship is intended to assist our tribal youth by encouraging participation and alleviating the costs of extracurricular activities such as sports, music, art, and school activities.

Eligibility:

- Applicants must be enrolled STA Tribal Citizens between the ages of 3 and 18.
- To be considered for an STA Youth Activities Scholarship, the application must be completed and submitted in full.
- Applications must be received prior to the end of the activity for which funding is being requested. If an application is received after the program's completion date, the application will not be considered.

Funding Provided If Awarded:

Enrolled STA tribal youth are eligible for one $100 scholarship for 2026. Scholarship awards are subject to available program funding.

1. The application must be completed and submitted by the parent/guardian of the STA tribal youth.
2. ***This application must include a copy of the invoice from the vendor/organization/school with the mailing address for payment, total costs of the program, and a description of the activity.***
3. Payment will be submitted directly to the vendor of the activity by the Sitka Tribe of Alaska Cultural and Academic Resources Department staff.

If awarded, STA would love to receive a picture of your child/children doing his/her activity so that we can include it in our STA newsletter or other public relations material.

If you have any questions, please contact the Academic Services Manager, Albert Duncan, at albert.duncan@sitkatribe-nsn.gov or 907-747-7107

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Student Information:

Student Name:	Grade:
STA Enrollment Number:	Age:
Parent/Guardian Name:	Email:
Mailing Address:	Phone:

Scholarship Information:

Name of School/Vendor:		
Mailing Address:		
Name of Program/Activity:		
Description of Activity:		
Start Date:	Completion Date:	Cost:

Release: My signature certifies that the above information is true and correct. This also serves as a release of information and authorization to use pictures provided for the purpose of announcing my scholarship in the STA newsletters or media coverage.

_____ _____

Parent/Guardian Signature Date

Return completed application and invoice to:

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