

Dena'ina Language Course Scholarship Application

Tribal Members Only

Check one: Fall _____ Spring _____ Summer _____ Other _____

Please use this form if **ALL** of the following apply to you:

- You are a **Kenaitze Tribal Member**
- You are taking **ONLY** Dena'ina Language Class/es

Please provide copies of the documentation listed below. If copies are not submitted with this application, you will not receive continuing funds.

- Copy of Kenaitze Tribal Member card or letter stating you are an eligible lineal descendant
- Proof of enrollment including enrollment verification and/or course schedule
- Copy of the bill for the Dena'ina Language course tuition and fees

Last Name	First Name	M.I.	
Mailing Address	City	State	Zip
Phone Number	Email Address		
College or University Attending:		Dena'ina Language Course Name and Number:	

Student Signature

Date

*****Kenaitze Indian Tribe Usage ONLY*****

Received before the semester began: Y____ N____