

*SUPERVISORY UNIT LOCAL 4900  
2024/25 - \$1000 Dependent Student Scholarship Application  
for 2024 Graduating Seniors*

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

*Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Daytime Phone #:* \_\_\_\_\_ *Evening Phone #:* \_\_\_\_\_

*Cell Phone #:* \_\_\_\_\_

*SU Member's Name (Parent or Legal Guardian):* \_\_\_\_\_

*SU Member's Work Location:* \_\_\_\_\_ *Work Phone #:* \_\_\_\_\_

*Were you enrolled in an Alaska High School/Private School during the  
2023 - 2024 school year?* *Yes*      *No*

*Name of High School:* \_\_\_\_\_

*Address of High School:* \_\_\_\_\_

*Have you applied to a college or university or vo-tech?* *Yes*      *No*

*Please list below the name of the institution(s):*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Have you been accepted at any of the above-named institutions?* *Yes*      *No*

*Which one?* \_\_\_\_\_ *Anticipated Major:* \_\_\_\_\_

I certify the above information to be true and correct.

*Student's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Parent/Guardian's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_

Signed scholarship applications must be delivered to one of the APEA/AFT regional offices or emailed to Patrice DeAsis [pdeasis@apea-aft.org](mailto:pdeasis@apea-aft.org) by **August 15, 2024**.

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## **Scholarships Available**

The Supervisory Unit will select recipients for \$1,000 scholarships.

### **Application Deadline: August 15, 2024**

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Southcentral Regional Office  
3310 Arctic Blvd, Suite 200  
Anchorage, Alaska 99503

Southeast Regional Office / Headquarters  
211 4th Street, Suite 306  
Juneau, Alaska 99801

Northern Regional Office  
825 College Road  
Fairbanks, AK 99701

## **Eligibility**

Dependents of dues paying SU members are eligible.  
Student must have graduated from high school in 2024 and be an Alaskan resident.  
Student has not previously received the Dependent Scholarship.  
Recipients must use the scholarship to attend a licensed/certified program.

## **Requirements**

To be complete, your application must include the following:

1. This application form.
2. You must be a dependent of a dues paying Supervisory Unit member.
3. You must have been a high school senior at a public or private high school, graduating in 2024.
4. Provide a brief description (no more than 2 paragraphs) outlining your career goals.
5. Failure to comply with any of the requirements will result in disqualification, and the application will not be considered.

## **Selection**

A drawing will be held from the eligible applications. Payment will be made to the school registrar.

