



K'OYITL'OTS'INA, LIMITED

The KCorp Family of Companies

1603 College Rd. Fairbanks, Alaska 99709

Phone: 907-452-8119 or 1-800-452-8112

Fax: 907-452-8148

HIGHER EDUCATION SCHOLARSHIP APPLICATION

Fall/Spring

Name: _____

Address: _____

Date of Birth: _____ / _____ / _____ Cell phone: _____

Home Phone: _____ Email: _____

Name of School: _____

School Address: _____

Major: _____ Class Standing: _____

Full Time

Part Time

By initialing the following you indicate your understanding that in order to receive a K'oyitl'ots'ina, Limited scholarship:

____ You must be a shareholder of K'oyitl'ots'ina, Ltd.

____ You must apply on or before the deadline.

____ You must have an accumulated GPA of 2.0 or higher.

____ You must be enrolled in at least 12 credits at a university or 15+ hours a week in a vocational program, or at least 9 credits for a graduate program.

Describe your goals in attending school. Please type or print neatly and use an additional sheet if necessary:

By signing below you signify your understanding that \$12,500.00 will be divided equally among the qualified applicants. In order to qualify for a scholarship, the completed application must be received by our office on or before **July 15th for Fall Semester or December 15th for Spring Semester**. Transcripts (or a letter of acceptance if you are a new student) from the school you will be attending must be in our office by **August 5th for Fall Semester or January 5th for Spring Semester**. All scholarship material must be sent to the attention of the Shareholder Relations Department.

Signature

Date



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Student Release and Consent Form

By signing this form, I give my consent to K'oyitl'ots'ina, Limited to use my name and photograph in materials including, but not limited to:

- Publicity materials
- Multimedia and online programs
- Newsletters

By signing this form, I also release K'oyitl'ots'ina, Limited from:

1. Any, and all, claims I might have against it, resulting from the use of my name and picture, including for example, any claim based on defamation, slander, libel, or invasion of privacy.
2. Any, and all, claims against affiliated companies, businesses and assignees, its advertisers and agencies from the use of my name and picture.
3. Any, and all, claims against the directors, officers, employees or agents of K'oyitl'ots'ina, Limited from the use of my name and picture.

I acknowledge that:

- I will receive no money or other consideration or compensation for giving this consent and release.
- I am an adult, 18 years or older (if under 18, please also have legal guardian sign).
- I have read and understand this form.
- The release of this information will be in effect and honored during the application period for which it is being considered. To revoke this Release and Consent, I must provide a written statement that the Release and Consent form signed is no longer in effect and my student information may not be shared with any other party.

This release of information must be submitted with each application.

Signature

Date

Printed Name

Deadline Applying For

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name