



# Scholarship Application

## Grow your career in TOURISM!

The Alaska Travel Industry Association (ATIA) is the leading statewide professional trade association for businesses and individuals involved in the visitor industry in Alaska. ATIA represents over 700 businesses large and small from all sectors of the travel industry and all regions of the state.

The ATIA Foundation Scholarship Program offers scholarships to those individuals seeking to advance or build upon their expertise in a travel industry-related position by pursuing continuing education opportunities. This education can include formal lectures, courses, seminars, webinars, conferences or any similar type of educational program specifically relating to their employment in the travel industry.

### APPLICANT ELIGIBILITY GUIDELINES

Applicants must meet the following criteria to qualify for consideration of a scholarship:

- An Alaskan resident.
- Submit this one page application with the following supporting documentation:
  - 1) Proof of employment in a travel industry-related business (reference from a supervisor or the owner)
  - 2) Short essay describing the reason for pursuing continuing education (no more than 1/2 page)
  - 3) Proof of registration in a program of continuing education, as described above
  - 4) Description of educational opportunity (including the cost) as promoted by the educator.

### BIOGRAPHICAL INFORMATION

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

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

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you an Alaskan resident? Yes      No

Have you received a scholarship from the ATIA Foundation before? Yes      No

### OATH (PLEASE READ CAREFULLY AND SIGN BELOW)

To the best of my knowledge, I have provided complete information. I am an Alaskan resident and intend to remain so. I agree to report any factors which could affect consideration of my application. I understand that failure to provide accurate and complete information may mean withdrawal of all financial assistance and billing for all awards previously received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_