



Celtic Community of Alaska

c/o Celtic Treasures
4240 Old Seward Highway • Anchorage, Alaska 99503

Scholarship Request Form

Applicant's name: _____

Contact information (email or phone #): _____

Parent or Guardian (if applicant is under 18): _____

Area of interest: _____

EVENT/LOCATION

Celtic Spring Festival

Other: Name and location of school you plan to attend: _____

Dates of class(es)/school: _____

AMOUNTS

What is the total cost for attending the class(es): _____

What is the amount you are requesting? _____

USEAGE

Describe how you intend to use the money from the scholarship to further your education or contribute to Celtic culture in Alaska:

What talents or resources do you think you could offer CCA in the future?:

Applicant Signature: _____

For Office use only:

Amount of check: \$ _____ Check # _____

Approval Signature: _____ Date _____