



## Koniag Education Foundation

4241 B Street, Suite 303B

Anchorage, AK 99503

[www.koniageducation.org](http://www.koniageducation.org)

907-562-9093 office 907-562-9093 fax

### Student Advisory Committee Application

Date \_\_\_\_\_

Name \_\_\_\_\_  
First MI Last Familiar name

#### Residence

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

#### School

Name \_\_\_\_\_

Year in School \_\_\_\_\_

Address \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

#### Employer

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Primary service(s) and area/population served \_\_\_\_\_

#### Please attach the following:

- Your Resume (should include)
  - Groups, boards, and/or committees that you serve on, or have served on (include the organization, your role/title, dates of service)
  - Completed Education/Training/Certificates/Awards or Honors
  - Previous Employment
- Letter of Intent/Cover Letter
  - How do you feel Koniag Education Foundation would benefit from your involvement on the Student Committee?
  - Describe your Skills, experience and interests
  - Please tell us anything else you'd like to share.

**Thank you for applying!**