



Dear 2016 Graduates:

Congratulations! Ahtna, Inc. would like to recognize your great achievement and commend you for your hard work by sending you a congratulatory gift.

On the following page is the Graduate Information sheet that needs to be completed and sent to me either by fax at **(907) 822-3495**, by email at cpete@ahтна.net, or by direct mail to:

Carlene Pete | Graduation Form | PO Box 649 | Glennallen, AK 99588

In order for Ahtna to issue your gift, proof of graduation will need to be submitted with the completed form. This can be a copy of your diploma/degree/certificate, or other official verification provided by your school. If you cannot provide such proof with your documents, please send it in at your earliest convenience.

You will also need to complete a w9 form, which you can find on our website (#14 on the list of forms) at: <http://ahтна-inc.com/shareholders/shareholder-services>. Please fill this form out to the best of your knowledge and submit with your other documents.

In addition, depending upon space availability and time constraints, we can also feature your achievement in the Kanas newsletter. For this feature, please provide a business appropriate high resolution photograph of yourself.

If you have any questions, please call me at **(907) 822-3476**.

Sincerely,

Carlene Pete,
Glennallen Office Manager
Ahtna, Inc.

***IMPORTANT:** As of July 12, 2013, shareholders applying for the graduate gift must submit all necessary documents, which includes the graduate information form, w9 form, and a copy of their diploma, degree, or certificate, within one (1) year following graduation or receipt of diploma, degree, or certificate. Applicants must be shareholders at the time of graduation. Approved applicants will be officially recognized at the 2015 Annual Meeting; however, gifts will be tendered upon receipt of all necessary documents, at the discretion of management.



GRADUATE INFORMATION

Please fill out the form below to the best of your knowledge.

GRADUATE NAME: _____
First MI Last DOB

ADDRESS: _____
Box/Street Address City State Zip Code

EMAIL ADDRESS: _____ PHONE #: _____

VILLAGE ENROLLED: _____ GRADUATION DATE: _____

SCHOOL NAME: _____ YEARS ATTENDED: _____

DIPLOMA, DEGREE, OR CERTIFICATE: _____

FAMILY

Please list your Parents and Grandparents. *Please indicate if they are deceased.*

MOTHER: _____
First MI Last

MATERNAL GRANDPARENTS: _____
First & First Last

FATHER: _____
First MI Last

PATERNAL GRANDPARENTS: _____
First & First Last

SIBLINGS

Please list all of your siblings. *Please indicate if they are deceased.*

Name

Name

Name

Name

Name

Name

Name

Name