



ATAA Annual Symposium Scholarship Application

Symposium Dates: April 21-23, 2026 | Anchorage, Alaska
Application Due Date: April 10, 2026

The Alaska Tribal Administrators Association (ATAA), in partnership with the Murdock Foundation, is providing scholarships for up to 28 Tribes that will cover the registration fee to the 2026 ATAA/ANVCA Annual Symposium for (1) attendee per Tribe.

Preference will be given to applying Tribes who have a current ATAA membership. Reimbursement is available for awardees who have already paid their registration fee.

Tribe: _____ **Community:** _____

Attendee Name and Title: _____

Email: _____ **Phone:** _____

Role: (check one):

- Tribal Administrator
- Tribal Council Member
- Other: _____

Attendee information must be provided at the time of application. This information can be changed after submitting the application if necessary by contacting us at hello@aktaa.org.

In 3–4 sentences, describe why attending this Symposium would be valuable to your Tribe:

Scholarship recipients are expected to attend and actively participate in the Symposium and submit a brief post-conference report within two weeks of returning home including information like: (a) which sessions were most relevant to your position and why, and (b) three key takeaways from Symposium sessions and how they will be applied to your role.

By submitting this application, I confirm our Tribe’s ability to meet these expectations.

Primary Contact Name and Title (if different from above): _____

Email: _____ **Phone:** _____

Is your Tribe interested in becoming a member of ATAA as part of this application process? Yes No
(If YES, complete and submit the second page for ATAA membership. If NO, return only first page.)

Applications must be received at hello@aktaa.org by April 10, 2026.
Selected Tribes will be notified by April 14, 2026.



Application for Annual Organizational Membership

Please complete and return this form to ATAA by email: hello@aktaa.org

Membership Type:

Tribal Consortia(<10) - \$10,000 ¹ Associate Organizational Member - \$20,000 ² Tribal Consortia(>10) - \$20,000 ³ Tribal Member - \$775 ⁴

Memberships are valid for the calendar year in which you've enrolled. Unless otherwise specified your membership expires every December 31st.

Please include all names you would like included in your membership.

Date: _____

Organizational Membership

Full Name: _____ Email: _____

Tribe/Org: _____ Title: _____

Your Birthday: _____ Employment Anniversary: _____
Month Day

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Full Name: _____ Email: _____

Tribe/Org: _____ Title: _____

Your Birthday: _____ Employment Anniversary: _____
Month Day

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Full Name: _____ Email: _____

Tribe/Org: _____ Title: _____

Your Birthday: _____ Employment Anniversary: _____
Month Day

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Full Name: _____ Email: _____

Tribe/Org: _____ Title: _____

Your Birthday: _____ Employment Anniversary: _____
Month Day

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Payment Format

Please indicate: Credit Card Check (payable to Alaska Tribal Administrators Association)

Type of Credit Card Visa Mastercard

Credit Card No. _____ Exp. Date: _____ CVV: _____ Zip Code: _____

Name as it appears on card: _____

Signature: _____

1 - Tribal Consortia with less than 10 tribes 2 - Any organization providing services to tribal governments and tribal members 3 - Tribal Consortia with more than 10 tribes 4 - Any federally recognized Alaska Tribal Government