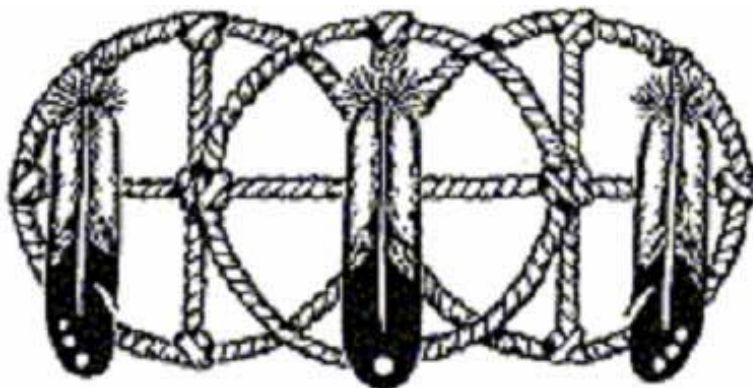


Confederated Tribes of the Umatilla Indian Reservation

Tribal Health Commission

# *Scholarship Application*



Cayuse

Walla Walla

Umatilla

CTUIR Tribal Health Commission

*Health Career Enhancement Program*

PO Box 160  
Pendleton, OR 97801  
541-966-9830

## **2016-2017 Academic Year - Deadlines:**

### **Priority Deadline for school year is May 6th**

Summer term	1 <sup>st</sup> Friday in May
Fall term / 1 <sup>st</sup> Semester	1 <sup>st</sup> Friday in July
Winter term / 2 <sup>nd</sup> Semester	1 <sup>st</sup> Friday in Nov
Spring term	1 <sup>st</sup> Friday in Feb

***Scholarships are awarded & disbursed based on availability of funds.***

#### **ATTENTION**

Shawna M. Gavin, Chair  
CTUIR Tribal Health Commission  
PO Box 160  
Pendleton, OR 97801

## APPLICATION CHECKLIST

<u>Item #</u>	<u>Item Description / Form Name:</u>	<u>Date Completed</u>
1.	<b>Student Information Sheet.</b> Complete all questions fully and clearly (page 3).	_____
2.	<b>Scholarship Agreement &amp; Consent of Release.</b> Read carefully! Sign (page 3).	_____
3.	<b>Transcripts.</b> <u>Official transcripts</u> required from renewal scholarship recipients.  First time applicants: Copy of GED, high school, or college transcripts. Unofficial Transcripts are required / reviewed <b><u>prior to</u></b> scholarship disbursement(s). Attach.	_____
----- ↓↓↓ <b>NEW APPLICANTS ONLY</b> ↓↓↓ -----		
4.	<b>Acceptance letter.</b> From college / university / AVT program, or if transferred.	_____
5.	<b>Personal letter outlining education goals.</b> Attach one typed page. ‘What are your education goals and how will your receipt of this scholarship benefit the health programs of the CTUIR?’	_____
6.	<b>Three Recommendation letters.</b> From those in your support system. Attach.	_____
7.	<b>Proof of CTUIR Tribal Enrollment and/or Veteran status.</b> Copy of ID card or enrollment certificate.  Attach. _____	_____

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This application may also be [downloaded](http://www.umatilla.nsn.us) from the CTUIR website: [www.umatilla.nsn.us](http://www.umatilla.nsn.us) or YTHC website: [www.yellowhawk.org](http://www.yellowhawk.org)

## STUDENT INFORMATION SHEET

Check mark or fill-in all questions completely and legibly. **Incomplete applications cannot be processed.**

1. Have you received a CTUIR/YTHC scholarship in the past? Yes  No  Year: \_\_\_\_\_ Terms: \_\_\_\_\_
2. Male  or Female  3. Name: \_\_\_\_\_  
(Last) (First) (Middle)
4. Address: \_\_\_\_\_  
Street City State Zip
5. E-Mail: \_\_\_\_\_ 6. Home Phone: ( ) \_\_\_\_\_ 7. Cell: ( ) \_\_\_\_\_
8. Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 9. Social Security #: \_\_\_\_\_ 10. CTUIR Enrollment #: \_\_\_\_\_
11. Veteran: Yes  No  Branch: \_\_\_\_\_ Years in Service: \_\_\_\_\_--\_\_\_\_\_
12. Are you a tribal employee? Yes  No

1. Name of High School: \_\_\_\_\_ Graduate? Yes  No  GED  Year: \_\_\_\_\_
2. Name of College, University or AVT program selected: \_\_\_\_\_  
Address and department to send Scholarship check: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Degree working toward: Associates (AA / AS)  Bachelors (BA / BS)  Masters (MA / MS)
4. Field of Interest (Major): \_\_\_\_\_ Minor: \_\_\_\_\_
5. Registration Status in 2016-2017: Part-Time  Full-Time  Expected credits registering for: \_\_\_\_\_
6. Year in College: Freshman  Sophomore  Junior  Senior  Graduate
7. Term(s) Funding Requested: Summer 11:  Fall 11 / 1<sup>st</sup> Sem:  Winter 2012 / 2<sup>nd</sup> Sem:  Spring 2012:
8. Term Start Date: Summer: \_\_\_\_\_ Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_
9. Term End Date: Summer: \_\_\_\_\_ Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_
10. AVT Program Dates: Duration: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Payment Due: \_\_\_\_\_

### SCHOLARSHIP AGREEMENT

I, the undersigned applicant, agree to make every effort to satisfy all course requirements funded by the CTUIR Tribal Health Commission Health Career Enhancement Scholarship Program. I understand that if I fall below the required minimum 2.0 grade point average, or complete a semester on applicant's own until the required minimum grade point average is obtained, withdraw from school or adult vocational training during a term or semester funded by a Tribal scholarship, that I will be placed on Tribal scholarship probation during the following term. I agree to submit transcripts from the school or adult vocational training institution for each term for which I received Tribal scholarship funds.

I further provide my consent to the CTUIR Tribal Health Commission for the release of information to other CTUIR departments and enterprises regarding my receipt of Tribal scholarship funds, the school or adult vocational training institution that I attend, my grade level, or graduation from such schools or adult vocational training institutions, as well as my major field of study or adult vocational training subject matter.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date