



YELLOWHAWK
TRIBAL HEALTH CENTER

YELLOWHAWK SCHOLARSHIP

YELLOWHAWK TRIBAL HEALTH CENTER

CONFEDERATED TRIBES

OF THE

UMATILLA INDIAN RESERVATION

2024 - 25 Academic Year

Application Submission Deadline by 4 p.m. Pacific on:

April 30, 2024 (Fall)

November 22, 2024 (Winter)

February 28, 2025 (Spring)

*Supplemental information required. Only complete applications will be considered. Scholarships are awarded and distributed based on the availability of funds and student registration status.

Eligibility

In order to be considered for the Yellowhawk Scholarship, the applicant must meet the following eligibility requirements:

1. Must be a CTUIR enrolled tribal member.
2. Must be a current senior in high school, or a current college or university student.
3. Current college or university students must have and maintain a 2.5 grade point average (GPA).
4. Applicant must be pursuing a degree in a healthcare, business, finance, accounting, facilities management, risk management, or a degree that would apply to Yellowhawk operations.

Submission

Please submit completed applications to the Yellowhawk Human Resources Department, in person, via mail at Yellowhawk Tribal Health Center, 46314 Timine Way, Pendleton, OR 97801, or via email at hrrecruiter@yellowhawk.org.

Reminder!

Please include the following as part of the scholarship application packet:

- Copy of High School Diploma or GED, if you're a current high school student, a copy will be needed after you graduate prior release of scholarship funds, if you've been awarded a Yellowhawk scholarship.
- Copy of Tribal ID or Certificate of Indian Blood
- Official College Transcripts, if you're a current college student.
- High School applicants will need to submit an acceptance letter from the college or university. College students will need to submit an acceptance letter if they've transferred to a different school.

Questions?

If you have any questions, please feel free to contact us via phone at 541.966.9830 or via email at hrrecruiter@yellowhawk.org



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Pendleton, OR 97801

+ P 541.966.9830
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+ www.yellowhawk.org

SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

CTUIR Enrollment #: _____ Cell Number: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma/GED: YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Vocational/Trade: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Graduate: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

COLLEGE/UNIVERSITY/PROGRAM ATTENDING

School Name: _____ Phone: _____

Address: _____
Street Address

City *State* *ZIP Code*

Degree working towards: Associates Bachelors Masters Doctorate

Degree Major: _____

Registration Status: Full-time Three-quarter time Half-time Less than half-time

Year in School: Freshman Sophomore Junior Senior Graduate

SUPPLEMENTAL INFORMATION

1. Essays

On a separate paper, in 300 words or less, please answer the following questions.

- a. What are your career aspirations and what is your educational plan to meet your goals?
- b. Please share any extracurricular activities that you participated in while in high school/college that have helped or are helping you meet your educational/career goals. This can include work experience, community participation and volunteering.
- c. What awards or honors have you received that you are proud of? Please tell us why they are meaningful.
- d. Please explain how you have helped make your community a better place to live. Please provide specific examples.
- e. Please list any additional information that you believe would be of use to help the scholarship committee make their decision.

2. References

Please provide three references. The references should know you well and if asked, would provide further insight into your application. Please include their name, your relationship with individual, and their contact information.

DISCLAIMER AND SIGNATURE

The information provided in this Scholarship Application and attached as supplemental information is true, correct and complete. I understand that any misstatement or omission of fact on this application may result in one or more of the following: I will not be eligible for a scholarship if the misstatement or omission is revealed before a scholarship is awarded, I will be required to pay back the scholarship awarded or I will not be eligible for future consideration for a Yellowhawk scholarship.

I, the undersigned applicant, agree to make every effort to satisfy all course requirements funded by Yellowhawk Scholarship Program. I understand that if I fall below the required minimum 2.5 grade point average, or withdraw from school during a term or semester funded by a Yellowhawk scholarship, that my

academic performance will affect my eligibility to receive future consideration for Yellowhawk scholarship funds. I authorize the Yellowhawk Human Resources staff to access and review my financial aid information and transcripts for the Higher Education in which I am enrolled. I agree to submit transcripts from the institution for each term for which I received Yellowhawk scholarship funds.

I further provide my consent to Yellowhawk for the release of information to other CTUIR departments and enterprises regarding my receipt of Yellowhawk scholarship funds, the school, my grade level, or graduation from such schools, as well as my major field of study and contact information (electronic mail).

I understand and acknowledge that this application and any supporting documentation will be reviewed by the Yellowhawk Scholarship Committee.

I also give permission for the Scholarship Committee to contact the references that I have provided.

Applicant Signature: _____ Date: _____

Parent Name and Signature required if applicant is under 18 years of age.

Parent Name: _____

Parent Signature: _____ Date: _____