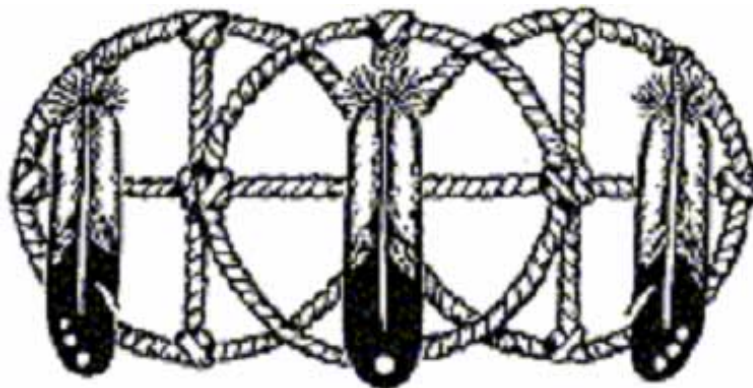


Confederated Tribes of the Umatilla Indian Reservation

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

2011-2012 Academic Year - Deadlines:

Priority Deadline for school year is May 6th

| | |
|--|--------------------------------|
| Summer term | 1 st Friday in May |
| Fall term / 1 st Semester | 1 st Friday in July |
| Winter term / 2 nd Semester | 1 st Friday in Nov |
| Spring term | 1 st 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. | Student Information Sheet. Complete all questions fully and clearly (page 3). | _____ |
| 2. | Scholarship Agreement & Consent of Release. Read carefully! Sign (page 3). | _____ |
| 3. | Transcripts. <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 prior to scholarship disbursement(s). Attach. | _____ |
| ----- ↓↓↓ NEW APPLICANTS ONLY ↓↓↓ ----- | | |
| 4. | Acceptance letter. From college / university / AVT program, or if transferred. | _____ |
| 5. | Personal letter outlining education goals. 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. | Three Recommendation letters. From those in your support system. Attach. | _____ |
| 7. | Proof of CTUIR Tribal Enrollment and/or Veteran status. Copy of ID card or enrollment certificate. Attach. _____ | _____ |

This application may also be [downloaded](http://www.umatilla.nsn.us) from the CTUIR website: www.umatilla.nsn.us or YTHC website: 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 2011-12: 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 / 1st Sem: Winter 2012 / 2nd 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