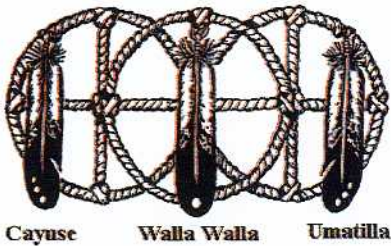


YELLOWHAWK TRIBAL HEALTH CENTER Scholarship Application



ATTENTION: Shawna Gavin, Chairperson
CTUIR Health Commission
P.O. BOX 160
73265 CONFEDERATED WAY
PENDLETON, OR 97801
PH: (541)966-2029 FAX: (541)

SCHOLARSHIP APPLICATION 2008

Four \$500.00 scholarships will be awarded by the Confederated Tribes of the Umatilla Reservation Health Commission. This scholarship is intended to increase awareness and encourage students to enter or continue health care certificate or degree programs.

We hope that this scholarship will further our cause as we work together as a tribe to educate our community and prevent diseases with an emphasis on increased high-quality health within our tribal community.

Qualification for Students attending or furthering their medical education:

- ❖ Acceptance into a college or vocational course of study, full-time in the fall term of 2008 with a health care specific major;
- ❖ A CTUIR tribal enrolled member or descendant of a CTUIR enrolled member.
- ❖ Complete application procedures and return to Attention: Shawna Gavin, Chairperson, CTUIR Health Commission, PO Box 160, Pendleton, OR, 97801 by November 30, 2008.

Selection will be based on a completed application packet and will be selected by the Health Commission's Scholarship Selection Committee:

- Two letters of recommendations from other than family members.
- Copy of Letter of Acceptance from an institution of higher learning.
- Personal resume of not more than 300 words, prepared by the applicant
- Each of the following:
 1. High school or college cumulative GPA
 2. SAT or ACT scores .
 3. Voluntary community activities, leadership or other voluntary activities;
 4. Employment history;
 5. Brief description of educational accomplishments beyond high school if applicable.
- Transcript of all academic work.

Typewritten answers to the following questions (answers should be no more than 50 words each.)

1. As a tribal and community member, in what ways do you benefit from participation in your tribal and community events?
2. What are the strengths and weaknesses of the educational program for our tribal people?
3. If you are selected to receive this scholarship, how will you share the benefit with your community?

AGREEMENT STATEMENT:

I certify that the information supplied on this scholarship application form is true to the best of my knowledge.

I understand that I must submit my application on or before November 30, 2008 and all supporting documents must be attached. I understand that any application received after the deadline will not be considered. I agree to inform the Health Commission of changes to my application. I further authorize this organization to contact any associated person or organization relating to my application, in order to verify the accuracy of the submitted information and my character. I understand that the scholarship selection committee has the option to reject my application if any of the information on my application is incomplete or found to be false.

If I receive a scholarship from this organization I will use these funds solely for the expenses related to the institution I am attending and understand that payment will be made directly to the institution identified in my application. If I fail to maintain a 2.5 cumulative GPA and provide transcripts demonstrating this, I understand that I will not be eligible again for this scholarship for 24 months.

I have read, and fully understand the qualifications and requirements of the Yellowhawk Health Commission Scholarship and I give my permission for/to this organization to use my name, photo, and any statements for the purpose of advertising, fund-raising and positive education articles within the CUJ, East Oregonian and other media outlets.

Applicant Signature

Date:

Guardian/Parents
(If under the age of 18)

Date:

Public Notary

Date:

(The CTUIR has a Public Notary for free of charge located within Board of Trustees Building, Finance Department, Tribal Planning and Yellowhawk)