

UIHS H. D. "Timm" Williams Memorial American Indian Scholarship 2016-2017

APPLICATION FORM #1

PART A ~ Applicant's Personal Information

Name: _____ Contact Phone: _____

Mailing Address: _____ Date of Birth: _____

City _____ State _____ Zip _____

Please specify tribal affiliation: _____

PART B ~ Education

Name of School	City / State	Year(s)	Major

PART C ~ Extra Curricular Activities / Community Services

List activities that you may have participated in such as office held in school or community organizations, volunteer or service work performed for school clubs, and/or activities.

Date(s)	Organization	Type of Activity or Service

PART D ~ Release of Personal Information

I authorize the release of my application file to UIHS Scholarship Committee for selection purposes. I authorize UIHS to publicize my name and picture for press releases. I certify that all information provided is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

UIHS H. D. "Timm" Williams Memorial American Indian Scholarship 2016-2017

STUDENT STATEMENT
FORM #2

Applicant's Name: _____

This form is required for the application to be considered complete. **Important Note:** This is one of your most important scholarship documents. You may want to use additional pages if necessary. Please type or print legibly. (*You may type your responses on another sheet of paper.*)

What career are you pursuing and how does the career relate to a health related field?

Share your involvement in the Indian community and local community activities:

Share how your involvement in volunteer activities, academic or sports activities relate to your education goals:

UIHS H. D. "Timm" Williams Memorial American Indian Scholarship 2016-2017

EVALUATION FORM #3

Applicant's Name: _____

To the Applicant: This form is to be completed by a teacher or counselor (past or present). This should not be filled out by a person who is a UIHS board member, employee or consultant or family member.

To the Evaluator: The applicant named above is applying for a scholarship from UIHS. This form is required for the application to be considered complete. This form must be returned with your original signature. Include any information that you feel is relevant and supports the applicant's circumstances. Use additional sheets, if necessary.

This form will become part of an open file available to the student; therefore, the reference included in the file will be considered NON-CONFIDENTIAL. All records including recommendations will be kept by the UIHS Governance and Corporate Affairs Office in accordance with the requirements of the Family and Educational Rights and Privacy Act of 1974 that allow students access to their records.

Please print or type the information below.

Evaluator's Name: _____ Title or Position: _____

Signature: _____ School or Agency: _____

Date this form was completed: _____

Please comment on the applicant's performance and potential for academic success.

Academic Success	Comments	Below Standard	Standard	Above Standard
Attendance / punctuality				
Conduct				
Attitude				
Motivation				
Reliable / dependable				
Dedication to major goal				
Ability to make decisions				
Interest in self-improvement				
Applicant's aptitude in his / her study				

UIHS H. D. "Timm" Williams Memorial American Indian Scholarship 2016-2017

APPLICATION PACKET CHECKLIST

Use this checklist to ensure all required information is submitted to the UIHS Foundation / Scholarships Committee.

CHECKLIST

- FORM #1 Scholarship Application
- FORM #2 Student's Statement
- FORM #3 ~ Evaluation from Teacher or Counselor
- LETTER ~ Letter of Recommendation (Two letters are required)
- TRANSCRIPT High School or other relevant transcript for Fall 2015
- PHOTO ~ Student photo (3" X 4" to place in a press release)

Your application or letters of recommendation or evaluation forms may not be completed by a board member, employee or consultant or family member of United Indian Health Services, Inc.

IMPORTANT REMINDERS

- The completed application must be mailed or delivered to UIHS by the postmark date

Deadline of April 8, 2016

- It is your responsibility to verify that UIHS has received all forms. Call 707.825.4123 or 707.825.4121 for confirmation.
- Incomplete or late applications will not be accepted.
- We encourage all applicants to retain a copy of this application for your records.

LIST OF HEALTH RELATED CAREER FIELDS

CAREER FIELDS

Accounting
Allopathic Medicine (MD)
Audiology
Billing Coder
Chemical Dependency Counseling (MA/MS)
Chiropractic Medicine
Dental Assistant (two-year program)
Dental Health Aid Therapist
Dental Hygienist
Dietetics - Nutrition
Emergency Medical Technician
Engineering Environmental Health
Equipment Calibration Technician
Health Care Administration
Health Care Finance
Health Education
Health Records
Laboratory Technician
Licensed Vocational Nurse
Masters of Public Health (MPH)
Medical Assistant (two-year program)
Nursing (two-year or BSN four-year program)
Nurse Practitioner
Optometry
Osteopathic Medicine (OD)
Pharmacy
Phlebotomist
Physician
Physician’s Assistant
Physical Therapy
Podiatry
Psychology
Public Health Nutritionist
Respiratory Therapy
Sanitation
Social Work
Social Work - Medical
Speech Pathology
Statistician
Substance Abuse Counselor (two-year program)
Veterinarian
X-Ray Technician