



H. D. “Timm” Williams Memorial American Indian Scholarship

Purpose and Summary

UNITED INDIAN HEALTH SERVICES, INCORPORATED (UIHS):

United Indian Health Services, Inc. has been providing comprehensive healthcare services to Eligible Indian Beneficiary clients and their families since 1970. Medical, Dental, Nutrition, Counseling, Vision, Pharmacy, Traditional Health, and Community Services are provided at the various UIHS sites located in Del Norte and Humboldt Counties. Our mission is to work together with our clients and community to achieve wellness through health services that reflect the traditional values of our American Indian Community. Our vision statement is “Healthy mind, body and spirit for generations of our American Indian Community.”

H. D. “TIMM” WILLIAMS MEMORIAL AMERICAN INDIAN SCHOLARSHIP:

“H. D. “Timm” Williams was the Chairperson for UIHS in 1973 and from 1980-1988. Mr. “Timm” Williams was hooked after attending his first local group meeting called the (North) Indian Communities Committee. This was the initial committee that formed UIHS. He was an important catalyst to get things moving as he knew a lot of people at the county and state level. Mr. “Timm” Williams actively promoted health programs for all Indians and labored tirelessly for Indian rights in the struggle for health care at the time that UIHS was forming. For many years he represented UIHS on the CRIHB Board of Directors and in turn represented California in the National Indian Health Board. He dedicated himself to these organizations until he was killed in a car accident in 1988. When UIHS joined California Rural Indian Health Board (CRIHB), Lena McCovey and “Timm” Williams were UIHS’ first CRIHB delegates and “Timm” Williams was CRIHB’s first president.” (Edith Bulter, *“United Indian Health Services, Celebrating 25 Years of Service to the American Indian Community: 1970-1995, UIHS, Trinidad, California, 1995, p. 35.)*

This scholarship is a memorial to Mr. “Timm” Williams for his dedication and service to the American Indian who is seeking a career in a health related field. It is the UIHS Board of Directors’ intention that this scholarship will provide monetary funds to support and off-set college costs.

SCHOLARSHIP ELIGIBILITY:

1. Must be an American Indian “Eligible Beneficiary” client registered for services at UIHS;
2. Have acquired a High School diploma or equivalent General Education Diploma (GED State certified);
3. Plan to attend a two (2) year or four (4) year college / university as a full-time student in academic calendar year, in which the scholarship is awarded;
4. Have an overall GPA of 2.0 or better;
5. Application must be turned in by the deadline in April of the academic calendar year applying;
6. Applicants are only eligible to receive a one-time scholarship;
7. See attached application requirements for more details.

APPLICATION PROCEDURES:

The purpose of this scholarship is to assist with the college costs for American Indian applicants who enter into a college seeking a career in a related health field. Applications are accepted only for the academic calendar year in April in which the scholarship is awarded. Applicants must provide proof of acceptance into a college. Scholarships are awarded based on funds available for a limited amount. Scholarships are provided to support applicants who reside in UIHS service areas of Del Norte and Humboldt Counties. The UIHS Scholarship Committee will review all applications along with supporting documentation. All applications are treated as confidential information.

It is the applicants' responsibility to submit a completed application packet by mail to the address provided below. Incomplete applications will not be reviewed.

Application and supporting documentation forms may not be completed by a board member, employee or consultant or family member of UIHS.

SELECTION CRITERIA:

The UIHS Scholarship Committee will review the submitted application. Based on funds available, the H. D. "Timm" Williams Memorial American Indian Scholarship may support a limited number of scholarships from within the UIHS service area of Del Norte and Humboldt Counties. Applicants will be notified of the status of their application within 30-days of the UIHS Scholarship Committee's application review.

SELECTED APPLICANTS:

Applicants who are selected as H. D. "Timm" Williams Memorial American Indian Scholarship recipients will be invited to a lunch with the UIHS Board of Directors in July. All scholarship recipients are responsible to provide documentation of official admittance to a college / university in order to receive the first-half of the scholarship award for the fall semester to the Scholarship Committee to the address provided below. In order to receive the second-half of the scholarship award, scholarship recipients are responsible to provide either the official fall semester grades or documentation of official class schedule for spring semester to Scholarship Committee before the end of the calendar year, December 31.

ADDRESS FOR UIHS FOUNDATION AND SCHOLARSHIP COMMITTEE:

UIHS SCHOLARSHIP COMMITTEE
H D "TIMM" WILLIAMS MEMORIAL AMERICAN INDIAN SCHOLARSHIP
1600 WEEOT WAY
ARCATA CA 95521-4734

For more information you may call Governance and Corporate Affairs office at 707.825.4121 or 825.4123.



H. D. "Timm" Williams Memorial American Indian Scholarship

APPLICATION REQUIREMENTS

1. Must be an American Indian “Eligible Beneficiary” client registered for services at UIHS;
2. Have acquired a High School diploma or equivalent General Education Diploma (GED State certified);
3. Applications subject to acceptance to attend a two (2) year or four (4) year college / university as a full-time student in academic calendar year, which the scholarship is awarded;
4. Have an overall GPA of 2.0 or better;
5. Must reside within UIHS service area of Del Norte County or Humboldt County;
6. Each scholarship will be awarded annual based on the academic calendar year beginning fall semester (August or September of each year);
7. Application and supporting documentation forms may not be completed by a board member, employee or consultant or family member of United Indian Health Services;
8. Application must be turned in by the deadline in April of academic calendar year applying;
9. UIHS considers all applications and supporting documents as confidential information;
10. Scholarship award may only be used to defray college costs and will be sent directly to scholarship recipient;
11. Each scholarship award is based on available scholarship funding and may be limited;
12. Applicants are only eligible to receive a one-time scholarship;
13. Completed applications with supporting documents will be considered by the UIHS Scholarship Committee;
14. UIHS Scholarship Committee will notify the scholarship recipients within 30-days of selection and will be invited to lunch at a UIHS Board of Directors meeting in July,
15. Applicants are responsible to verify that UIHS has received all forms. Incomplete or late applications will not be accepted.

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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 _____

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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:

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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				

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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 2019
- 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 9, 2021

- It is your responsibility to verify that UIHS has received all forms. Call 707.825.4121 or 707.825.4123 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