2021-2022 INDIAN HEALTH SERVICE
AMERICAN INDIANS INTO NURSING
SCHOLARSHIP PROGRAM

Application Deadline: August 1, 2021

SKC’s Nursing Department is pleased to offer the IHS Nursing Program Scholarship. A living stipend of $18,000.00 (divided over 12 months) and scholarship funds of $8,250.00 (divided by 3 quarters- $2750 each quarter, fall, winter, and spring.) to assist with academic related costs such as tuition, fees, uniforms, required educational materials, and textbooks.

Eligibility Criteria:
- Full-time Bachelors of Science or Associate of Science Nursing Student at Salish Kootenai College, academic year 2021-2022.
- Enrolled Tribal Member of a Federally Recognized Tribe.
- Must work one (1) year in an Indian Health Program priority site for each year you receive the IHS Scholarship/Stipend award (Minimum of 2 years).
- Must have and maintain a 2.5 cumulative grade point average.

Application Check List

☐ I have filled out this application completely and signed it.
☐ I have attached a copy of my most recent transcript. I understand that it does not have to be official, but must be the most recent.
☐ I have attached two (2) letters of support or reference both of which are dated within the last 6 months. One reference must be from a recent instructor.
☐ I have attached a 3-page essay that addresses the following:
  - Why are you requesting this scholarship?
  - What are your educational and career goals?
  - Explain how these goals will help meet the needs of Indian people.
  - Where do you plan to complete your work payback of IHS service upon graduation?
☐ I have attached an updated Needs Analysis from the Financial Aid Office.
☐ I have verified that my file is complete with the Financial Aid Office. I understand that my application will not be considered if I am on Financial Suspension.
☐ I am aware that the deadline for submission of this application, along with other required information, must be delivered to the Nursing Department Front located in the John Peter Paul Building no later than August 1, 2021.

Remember it is your responsibility to have all forms turned in ON TIME!
Applications must be completed in order to be considered for funds.
**IMPORTANT NOTE**

If you receive this scholarship, you will be required to sign a contract. If you are accepted into the scholarship program, you will be required upon graduation within 90 days to pass the NCLEX-RN examination. To fulfill your service obligation, you will be required to find employment with an IHS Health facility, Urban Indian Clinic or Tribal health Clinic where you must be doing 80% direct patient care to meet the obligation of the scholarship contract.

An Item in that contract also states that:

If the participant fails to maintain an acceptable level of academic standing in the course of study for which the scholarship award is provided, or voluntarily withdraws from the educational institution before graduating from the program, is dismissed from the education institution for any reason, or fails to become licensed so that the participant may not be able to meet the service obligation incurred under the contract, **the participant shall repay to the United States all funds paid to the participant and to the educational institution under this contract.**

Name:

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Mailing Address:

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Email Address:

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SKC Student ID#:

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Date of Birth:
Gender:

Tribal Affiliation:

Enrolled Member:  Yes  No

Anticipated Date of Graduation from SKC:

ACCOMPLISHMENTS/ACTIVITIES:
Please tell us of extra-curricular activities that you have been involved with such as cultural activities, community involvement, school functions, volunteer work, personal interests, etc. Include any scholarships you have received in the past, special awards or honors (include honor roll, special achievements in high school, college, community or volunteer recognition). You may use additional sheet of paper if needed.
APPLICANT CERTIFICATION:

I certify that the information on this application is correct and complete to the best of my knowledge. I understand my rights under the Family Educational Rights and Privacy Act (FERPA) of 1989 and that my refusal to provide the requested information may result in the denial of my application.

I agree to the publication of my name and type of scholarship awarded.

I understand that my essay and thank you letter may be used for reporting purposes.

I understand that this scholarship/stipend has a service obligation and if I am not able to complete the service obligation, I will have to pay back ALL funds I receive.

__________________________________________  __________
Student Signature                                      Date