



2016 Scholarship Application Form

Personal Data

Name: _____
Full Name

Maiden Name: _____

Male/Female: Male ____ Female ____

Date of Birth: _____

Alternate Contact: _____
Full Name

Current Contact Information

Address: _____
Street Address

City State/Province/Region Postal/Zip Code

Home Phone: _____ - _____
Area Phone Number

Cell Phone: _____ - _____
Area Phone Number

Eligibility

Applicant must have tribal affiliation to be considered for the scholarship.

Are you Alaska Native or American Indian? Yes ____ No ____

Are you enrolled in a federally recognized Tribe? Yes ____ No ____

Name of Tribe: _____

Are you an Alaska Resident? Yes ____ No ____

Current School Education/Certificate Program Information

College/University or Certificate Program _____

Website: _____

School Address _____
Street Address

City State/Province/Region Postal/Zip Code

Field of Study _____

Degree Program: Associate ____ Bachelor ____ Master ____ Doctor ____

Level of Study: Freshman ____ Sophomore ____ Junior ____ Senior ____ Graduate ____

Term Start Date: _____

Expected Graduation Date: _____



Number of Credits Taking: ____ (0-30)
Education Program: Semester ____ Quarter ____ Trimester ____
University or Certificate Program Enrolled In: _____ (College/University)
Program Address: _____
Street Address

City State/Province/Region Postal/Zip Code

Start Date: _____
End of Graduation Date: _____
Major: _____
Degree Earned: _____
Credits Earned: _____
Graduating High School: _____
High School Address: _____
Street Address

City State/Province/Region Postal/Zip Code
Graduation Date: _____

Additional School Attended with Month & Year

School Attended: _____
School Attended 2 _____

I do hereby attest that the information I have provided and included in this application is true, correct, and complete. I do understand that the proceeds of the ANTHC Scholarship, if approved, will be used to further my education in the educational program where I am. If for any reason the scholarship is not used, the full amount or any portion of it is refundable to ANTHC. I do understand that I will need to submit my ANTHC Scholarship Recipient Agreement and Course Schedule to the Education and Development office within ten (10) working days of the start of the semester/quarter/trimester. I do understand that I will need to submit my official transcripts within (15) working days upon completion of the semester/quarter/trimester. In order to continue to receive the ANTHC Scholarship, I understand that I must maintain a GPA of at least 2.5, for each semester/quarter/trimester in which I am enrolled and I understand that I must maintain an enrolled status as a student during the current semester/quarter/trimester; complete and pass the program or semester. By typing your name in the space below you understand and agree that this action is your agreement to be bound electronically as the same as signing this form, I agree that I have read and understand the above "STATEMENT OF CERTIFICATION" and, if approved, agree to abide by the terms and conditions of the scholarship.

Applicant Name: _____
Applicant Signature: _____
Application Date: _____
E-mail: _____

**Mail To: Alaska Native Tribal Health Consortium
Education, Development and Training Department
3900 Ambassador Drive, Suite 101
Anchorage, AK 99508**