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# 2020 ANTHC $5000 Scholarship

The Alaska Native Tribal Health Consortium (ANTHC) awards ten (10) competitive $5,000 scholarships to qualified Alaska Native and Native Americans. This scholarship is open statewide. Recipients may use the scholarship for tuition, books, fees, room and board.

ANTHC is a non-profit Tribal organization that provides health care related services to more than 170,000 Alaska Native and Native Americans. ANTHC’s Board of Directors established this scholarship to increase the number of Alaska Native and Native Americans working in health care fields.

# Eligibility Requirements:

* Alaska Native/Native American
* Permanent Alaska resident
* Interested in working in a health care related field
* Enrolled full time in higher education
	+ Higher education includes the pursuit of Associates, Bachelors, Masters and PhD degree

# Application Instructions:

Gather all documents and prepare to complete the application. Submitted materials will not be returned.

Completed scholarship applications will include eight documents. PDF, DOCX, and JPEG are acceptable file types. The following types will not be accepted: msg, text, zip, odt, html, pages, exe, jar, and cmd.

To apply for scholarship, please fill out the application form on the following pages, and submit the following items:

* Alaska Native/Native American proof of eligibility
* Proof of Alaska residency
* Personal Statement
* Current Professional Resume
* Letter of Acceptance or Proof of Enrollment
* Two (2) Letters of Recommendation
* Official Transcript

The deadline to complete the application and electronically submit documents is 5:00 PM Alaska Standard Time (AKST), April 15, 2020.

Snail Mail: All items must be postmarked by April 15, 2020.

# Important Dates:

Application Period: 3/1/20 – 4/15/20

Deadline to complete online application and submit material: 5pm AKST, April 15, 2020

Deadline to complete paper application and submit material: Postmarked by April 15, 2020

Deadline to submit Letter of Acceptance if newly enrolled: May 4, 2020

Phone interviews of the top 20 applicants: 6/15/20 – 6/26/20

# Eligibility Requirements:

Must answer Yes to be eligible.

1. Are you Alaska Native / American Indian? [ ]  YES or [ ]  No
2. Are you a permanent Alaska Resident? [ ]  YES or [ ]  No
3. I am Enrolled: [ ]  Full Time or [ ]  Part Time
4. Are you interested in working in a health care related field? [ ]  YES or [ ]  NO

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| \*Full Name: |  |  |  | \*Date of Birth | : \_\_\_/\_\_ /\_\_\_\_ |
|  | Last | First | M.I. |  |  |

Names previously known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \*Gender: [ ]  Female, [ ]  Male, [ ]  Prefer not to answer

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| --- | --- | --- |
| \*Mailing Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
|  \*Email |  |

\*Primary Contact: [ ]  Cell, [ ]  Home, [ ]  Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alt. Contact: [ ]  Cell, [ ]  Home, [ ]  Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| \*Are you enrolled in a federally recognized Tribe? | YES[ ]  | NO[ ]  | Name of Tribe? |  |

## Alaska Native/Native American proof of eligibility

**\* Provide a copy of one of the following:**

*Acceptable file types: PDF, Word Document or jpeg*

* Certificate of Indian Blood issued from the Bureau of Indian Affairs,
* A Tribal enrollment card/letter from a Federally recognized tribe,
* A shareholder or descendent card from Alaska Native Regional Corporation.

## Proof of Alaska Residency

**\*Provide a copy of one of the following:**

*Acceptable file types: PDF, Word document, or jpeg*

* State of Alaska identification card
* Alaska Driver’s License
* Alaska voter registration card

## Alaska Tribal Health Organization

**\*Please select your Tribal Health Organization**

|  |  |
| --- | --- |
| [ ]  Aleutian/Pribilof Islands | [ ]  Kodiak Area Native Association |
| [ ]  Arctic Slope Native Association | [ ]  Maniilaq Association |
| [ ]  Bristol Bay Area Health Corporation | [ ]  Norton Sound Health Corporation |
| [ ]  Chugachmiut | [ ]  Southcentral Foundation |
| [ ]  Copper River Native Association | [ ]  SouthEast Alaska Regional Health Consortium |
|  | [ ]  Unknown/Unsure |

## Personal Statement

**\*Personal Statement. Answer the following questions below. Your personal statement should not exceed one page (500 words) in length.**

*Only acceptable file types: PDF or Word document*

* 1. Why are you applying for the ANTHC scholarship?
	2. What is your educational and professional history (list any awards/honors)?
	3. How are you currently involved with the Native community?
	4. What are your current and future educational goals and professional goals?
	5. How will your stated goal(s) improve the health of Alaska Natives/Native Americans?
	6. How does your education/training fit within your stated goals?

## Letter of Acceptance/Enrollment Verification

**\*Provide a copy of one of the following:**

*Only acceptable file types: PDF or Word document*

1. Letter of Acceptance from an accredited college/university
	* If newly enrolled, the deadline to turn in your letter of acceptance is 5/4/20
2. Class Registration for the upcoming term
3. Invoice for the upcoming term

## Current Professional Resume

**\*Resume should not exceed two pages in length.**

*Only acceptable file types: PDF or Word document*

**Must include the following:**

1. Career Objective
2. Skills
3. Work Experience/Employment History
4. Educational History
5. Volunteer Experience
6. Awards/Honors
7. Affiliations

## Letters of Recommendation

**\*Letter of Recommendation (1 of 2)**

*Only acceptable file types: PDF or Word document*

**Must meet the following:**

1. Written by a person (teacher, supervisor, etc) with knowledge of your potential to succeed, know your community involvement and educational/work experience.
2. Letters should state the relationship and length of time recommender has known you.
3. Letters written by immediate family members will not be considered.

**\*Letter of Recommendation (2 of 2)**

*Only acceptable file types: PDF or Word document*

**Must meet the following:**

1. Written by a person (teacher, supervisor, etc) with knowledge of your potential to succeed, know your community involvement and educational/work experience.
2. Letters should state the relationship and length of time recommender has known you.
3. Letters written by immediate family members will not be considered.

## Official Transcripts

**\*Official Transcripts must be received at ANTHC postmarked no later than 5 PM AKST, April 15, 2020. Please read and check the appropriate box for you:**

[ ]  If you have attended vocational/technical school, college or university before applying for this scholarship,

please have that institution submit official transcripts to us. Addresses for electronic and mailed transcripts are listed at the end of this application.

[ ]  If you are a recent high school graduate and have not participated in postsecondary education, please have

your high school submit official transcripts to us. Addresses for electronic and mailed transcripts are listed at the end of this application.

[ ]  If you are a General Equivalency Diploma (GED) graduate and have not participated in postsecondary

education, please submit a copy of your GED diploma to us. Addresses for electronic and mailed submissions are listed at the end of this application.

## Education

\***Name of Educational Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Field of Study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**\*What is your occupational goal?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**\*Educational Pursuit:**

|  |  |  |
| --- | --- | --- |
| [ ] Certificate | [ ] Associates (AA, AS, etc.) | [ ] Bachelors (BA, BBA, etc.) |
| [ ] Masters (MA,MBA,MPA,MS,etc.) | [ ] Doctor of Philosophy | [ ] Doctor of Medicine |
| [ ] Doctor of Optometry | [ ] Doctor of Pharmacy | [ ] Other |

**Year in Program:**

|  |  |  |
| --- | --- | --- |
| [ ]  Freshman (Year 1) | [ ] Sophomore (Year 2) | [ ] Junior (Year 3) |
| [ ] Senior (Year 4) | [ ]  Graduate (Year 5+) | [ ]  Other (please specify) |

**\*Term Start Date:** \_\_\_/\_\_\_/\_\_\_\_ **Anticipated Graduation** Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Are you a previous ANTHC $5000 Scholarship recipient?**  [ ]  **Yes** [ ]  **No**

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**If yes, please state which year(s) awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##  Statement of Agreement

Please read the following statement regarding your application packet:

*I do hereby attest the information provided is true and correct to the best of my knowledge. I understand if I am selected, the funds must be used toward tuition, books, fees, room and board. Unused funds are subject to be refunded back to ANTHC.*

*If selected, I agree to:*

[ ]  *Maintain full-time status throughout educational program funded*

[ ]  *Maintain a minimum 2.5 GPA for term(s) funded*

[ ]  *Submit official transcripts to ANTHC at the end of funded term(s), within 15 business days.*

*I agree that I have read and agree to the Statement of Agreement as stated above.*

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

# If you have further questions please contact the ANTHC’s Professional Development Department at (907) 729-2930 or email us at *learning@anthc.org*.

# Electronic official transcript may be sent to: learning@anthc.org

# Mailed application, and documents may be sent to:

# Alaska Native Tribal Health Consortium

# Human Resources

# Attention: Professional Development Department

# Re: $5000 Scholarship Award

# 3500 Ambassador Drive, Suite 101

# Anchorage, Alaska 99508