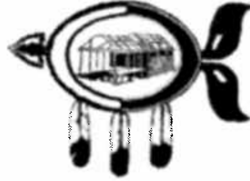
Kickapoo Health Professional Scholarship Application Check List



- ☐ Application
- ☐ Copy of CDIB Card
- ☐ Official Transcripts for each College or Official High School Transcripts or GED
- ☐ 3 Reference Letters (One from a College Advisor if already in college)or 3 Reference Letters (One from a School Counselor or Principal)
- ☐ Essay "Why you need this Scholarship" (More than 150 Words)
- ☐ Attach Financial Needs Analysis Form
- ☐ Class Schedule
- ☐ Letter of acceptance into program from institution (if applicable)

Please submit all of the following to be considered for the Kickapoo Health Professional Scholarship Program

Kickapoo Health Professional Scholarship Program Application

The Health Professional Scholarship Program provides financial assistance for Kickapoo Tribal member students who wish to enroll in a health profession program. For this program there are no service obligations or payback requirements to work at the Kickapoo Health Program upon acceptance of the scholarship funding.

Priority will be given to students enrolled in the following categories:

Medical Doctor/ Physician Assistant/Registered Nurse/LPN/Dentist/Lab/Registered Radiology Technician/Substance Abuse/Mental Health Counselor/Pharmacist

Each scholarship recipient will be allowed a scholarship amount for tuition, books and school related applicable fees. A $200.00 monthly stipend will also be given for the school year.

Please contact Ellen Meely to receive a scholarship application packet at 405-964-2081 extension 307 or you can email her at Ellen.Meely@kthcmcloud.com

The deadline for completing and submitting the application will be no later than two weeks prior to attendance.

Selection criteria will be based on the following factors:

1. Official School transcript(s) of grades
2. Full Time Student
3. Written Essay
4. Personal References (cannot not be related to you)
5. Health Director Review

ALL DECISIONS WILL BE FINAL.

Kickapoo Health Professional Scholarship Application

All questions and the essay must be answered *to ensure consideration for scholarship*

Undergraduate Educational Field: ______________________________ 20____ to 20____
Graduate Education Field: ____________________________________

SECTION A
GENERAL INFORMATION

Your Full Name: ____
First Middle Last

Permanent Address: ____
Number Street City/State Zip

Telephone No :(___)______________ Alternate No. :(___)______________

Social Security No:______________________________ Gender: Male Female

Date of Birth: _____________________ Email: __________________________

Are you a member of the Kickapoo Tribe of Oklahoma? Yes No

Scholarships are awarded to enrolled members of the Kickapoo Tribe of Oklahoma. A copy of your enrollment card must be submitted with application.

Print name and telephone number of person whom can always locate you. (e.g., parent, relative, etc.)

Name:__________________________ Telephone No : (___)____________________

SECTION B
DEGREE PROGRAM

1. Print name of school and full address in which you are enrolled.

____

____

2. Indicate the date(s) and year(s) you attended or will attend school:

Month Year

___

___

3. In which of the following categories will you be charged tuition and fees for the school year which you are applying the scholarship to?

- ☐ Resident/In-State of state you reside ____________
- ☐ Non-Resident/Out of State ____________
- ☐ School charges same tuition and fees regardless of resident fees

4. What year of Health Professions coursework will you be enrolled in during the academic year for which you are applying for a scholarship?

☐ 1st year ☐ 2nd year ☐ 3rd year ☐ 4th year Under Graduate or Graduate

Month/Year of Degree____________________

☐ Traditional Program ☐ Accelerated Program

5. Education

COLLEGE OR UNIVERSITY

If you have attended college or graduate school, please complete the following information showing your previous college or university education. Attach official transcript from each college/university, and 3 reference letters, one reference should be from your college advisor.

Name and Location of college or University			Month/Yr Attended		Credits Completed	Type of Degree (BA, MS) etc.	Month /Year Degree Obtained
Name	City	State	From	To			
1.							
2.							
3.							

HIGH SCHOOL OR G.E.D.

If you have not attended college, please complete the following. Write the name and location (City and State) of the high school you attended or where you obtained your GED. Attach an official copy of your high school transcripts or GED certificate with scores, and 3 reference letters, one letter must be from school counselor or principal.

Name/Location of High School or where GED was obtained			Month/yr. attended		High School Graduation	G.E.D. Month /year
Name	City	State	From	To		
1.						
2.						

SECTION C
ESSAY

PLEASE ATTACH A SEPARATE SHEET IN YOUR OWN WORDS, NO LESS THAN 150 WORDS. TELL US WHY YOU SHOULD RECEIVE THIS SCHOLARSHIP.

SECTION D
ACHEIVEMENTS/AWARDS/HONORS

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SECTION E
SCHOLARSHIP REQUIREMENTS

The requirements for payment of the Kickapoo Tribal Health Center Professional Scholarship Program are as follows:

- Must submit monthly documentation stating that you are currently enrolled and attending classes.
- Must be enrolled full time
- Must maintain a 3.00 GPA or better.
- Must submit a copy of your transcript each semester.

By signing my name, I understand and will abide these rules set.

SIGNATURE	DATE

SECTION F
SIGNATURE

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that willfully false representation is sufficient cause for the rejection of this application, or, if awarded a scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may result in immediate suspension from the scholarship program.

SIGNATURE	DATE

PARENT/GUARDIANS - SIGNATURE IS REQUIRED IF THE STUDENT IS UNDER THE AGE OF 18 AT THE TIME OF SUBMISSION OF THIS APPLICATION.

SIGNATURE AND RELATIONSHIP	DATE

KICKAPOO TRIBAL HEALTH CENTER SCHOLARSHIP PROGRAM
FINANCIAL NEEDS ANALYSIS FORM

PART I - To be completed by the student

APPICANT NAME: ______________________________ SSN: ____________________

MAILING ADDRESS: ______________________________ DOB: ____________________
P.O. BOX/Street City State Zip

CLASSIFICATION: ______________________ MAJOR: ______________________

MARITAL STATUS: ____________ NUMBER OF DEPENDENTS: ________

ATTENTION - FINANCIAL AID OFFICER:

I have submitted a Higher Education Scholarship Application to the Kickapoo Tribal Health Center for consideration for financial assistance. The Kickapoo Health Center Scholarship Program will need additional information as listed in PART II before any action can be taken on my application. When all the necessary information is on file in your office, please complete and forward this form or similar form to: **KICKAPOO TRIBAL HEALTH CENTER SCHOLARSHIP PROGRAM, P.O. BOX 1059, MCLOUD, OK 74851**

______________________________ ____________________
Applicant Signature Date

PART II - To be completed by the Financial Aid Officer

FINANCIAL AID OFFICER:

Verified financial need information is needed through your office before consideration of applicant's Scholarship Application. Please complete and forward Financial Needs Analysis Form to Kickapoo Tribal Health Center Scholarship Program.

Student Status:

Independent _____

Dependent _____

Budget Period:

Fall Semester/Term Begins: __________ Ends: _________

Spring Semester/Term Begins: __________ Ends: _________

(other) Semester/Term Begins: __________ Ends: _________

College Budget

Tuition	$
Fees	$
Books/Supplies	$
Room & Board	$
Depend. Allowance	$
Transportation	$
Personal Expenses	$
Other	$
TOTAL	$

Student Resources

Family Contribution	$
Student Contribution	$
VA Benefits	$
Soc. Sec. Benefits	$
TANF	$
Voc. Rehab	$
Fellowships	$
Indian Health Grant	$
State Scholarships	$
Other (list)	$

Awards

PELL	$
SEOG	$
Work-Study	$
NDSL	$
GSL	$
Tuition Waiver	$
State Tuition Grant	$
Other (list)	$
TOTAL	$

SIGNATURE: ____
Financial Aid Officer Date Telephone

Address where Scholarship Funds need to be sent: ______________________________
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