



YUKON-KUSKOKWIM HEALTH CORPORATION

“Working Together to Achieve Excellent Health”

The Yukon Kuskokwim Health Corporation aggressively encourages the hiring of tribal health professionals. This scholarship/loan program is set up to encourage members of the 58 tribes served by YKHC and their descendents as well as YKHC employees with one (1) year of good standing to pursue training as health care professionals where YKHC has a current or projected need. The priority for funding will be in line with P.L. 93-638, the Indian Education and Self-Determination Act.

Candidates applying to the program must be enrolled or admitted as a fulltime student to an accredited program leading to licensure or certification as a health professional. Any funds awarded under this program may be used for only tuition, books, and fees. Successful candidates will be required to commit to employment with YKHC upon completion of their program of study, provided, however, that YKHC is under no obligation to employ any candidate. A candidate who does not complete his or her program of study, does not become licensed or certified in the program, or fails to meet the service commitment, may be required to repay some or all of the funds. Candidates must show that they have applied for other funding opportunities. Incomplete applications may not be processed and may be sent back with no action. Candidates will be required to pass a criminal background check during the application process, and from time to time thereafter, including but not limited to the beginning of the academic year and prior to employment. Candidates who do not pass the initial criminal background check may not receive funding. Candidates who do not pass subsequent criminal background checks may lose funding and/or employment eligibility. In the event that a candidate does not pass a background check, the candidate may be required to repay any funding awarded.

Required Documents:

Submitted:

- | | |
|---|--------------------------|
| 1. Application, completed, signed and dated. | <input type="checkbox"/> |
| 2. Tribal Enrollment Card or Certificate of Indian Blood | <input type="checkbox"/> |
| 3. If Descendent a copy of the Official Birth Certificate. | <input type="checkbox"/> |
| 4. Official document showing name change. | <input type="checkbox"/> |
| 5. Copy of Letter of Acceptance or Enrollment to Accredited Program of Study. | <input type="checkbox"/> |
| 6. Official Transcripts from High school/College/University. | <input type="checkbox"/> |
| 7. Written Statement of Purpose. | <input type="checkbox"/> |
| 8. Release of Information Authorization. | <input type="checkbox"/> |
| 9. Two letters of Recommendation. | <input type="checkbox"/> |
| 10. Proof that a FAFSA has been completed. | <input type="checkbox"/> |
| 11. Proof that candidate has applied for other funding. | <input type="checkbox"/> |
| 12. Budget Forecast showing candidate has viable funding for education. | <input type="checkbox"/> |
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Deliver or Mail Documents to:

YKHC Scholarship/Loan Program
Attn: YK AHEC, Executive Director
P.O. Box 528
Bethel, Alaska 99559

For more information:

Phone: 907-543-6060 or 1800-478-3321 Ext. 6060
Fax: 907-543-6061

How Do I Apply?

To be considered for funding, submit the following materials to the YKHC Scholarship/Loan Forgiveness Program at the Yukon Kuskokwim Area Health Education Center. Please review the “Application Guidelines” for assistance in preparing your application.

1. **Application.** Submit a completed, signed and dated application.
2. **Proof of eligibility. The scholarship/loan forgiveness program is open to the following:**
 - A. **Tribal Member.** Show membership in one of the 58 villages served by YKHC providing a copy of the Tribal Enrollment Card or copy of the Certificate of Indian Blood (CIB).
 - B. **Tribal Member Descendent.** Provide a copy of your birth certificate to demonstrate your relationship as a Native lineal descendent of an enrolled member of one of YKHC’s 58 villages as well as a copy of the enrolled member’s Enrollment Card or Certificate of Indian Blood (CIB).
 - C. **Employee in Good Standing.** Any employee with at least one year of service and who is in good standing with YKHC, upon proof of length of service and good standing.
3. **Letter of Acceptance.** Submit a copy of acceptance letter to an accredited program for licensure or certification.
4. **Grade Transcripts and/or Certificate of completion.** Submit official grade transcripts and or certificate/s of completion.
 - a. If you have been out of school five (5) or more years, submit a resume outlining your learning experiences and work achievements during that period of time.
5. **Statement of Purpose.** Provide specific and detailed responses on a separate sheet of paper.
 - a. New applicants-What are your education and career goals? Tell us about yourself and how your proposed program prepares you for a job at YKHC in page or less.
 - b. Repeat Applicants-Update us on your education and career goals. To what extent are you moving toward your goals? What changes in plans might you be encountering and why in one page or less.
6. **Letters of Recommendation.** Provide two (2) letters of recommendation from a current or former teacher, employer or other person who knows of your past experience and potential to succeed in your chosen career. (No relatives please.) Recommendation letters must be dated within 6 months of receipt of the application. Recommendation letters must include the applicant’s name, the date, recommender’s name, contact information and signature.
7. **Budget forecast.** Submit the “Budget Forecast Form” provided with the application form showing your annual education budget in its entirety.
8. **Release of Information Authorization.** Sign and submit the form on page 7.

Application Guidelines:

Deadlines: 8 weeks prior to beginning of quarter/semester.

Definitions: The following terms used throughout this application and guidelines document are defined for clarity:

CIB-Certificate of Indian Blood as determined by the Bureau of Indian Affairs. Candidates who do not have a CIB would submit an application for this determination.

The application can be down loaded from the Internet or your tribal office, and submitted to the Bureau of Indian Affairs.

GPA-Grade Point Average. This is a cumulative assessment of placement. The required GPA for the Scholarship/Loan Program is 3.0

YKHC current or projected need-A licensed or certified health professional area set as a priority by YKHC. Such needs are subject to change from time to time.

- Medical
 - Physicians
 - Physician Assistant
 - Nurse Practitioner
- Dental
 - All Physician
- Behavioral Health
 - Clinician
 - MSW
- Nursing
 - LPN
 - AA
 - BSN
- Professional Therapists
 - Pharmacist
 - Physical Therapist
 - Optometry
- Allied Health Occupations
 - All certified
- Environmental Health
 - Sanitarian
 - Engineering

Full-Time Student-Enrolled for a minimum of 12 undergraduate credit hours or at least 9 graduate credit hours during a semester/term/quarter.

Disbursement of Funds: Any funds awarded may be applied only to tuition, books and fees. YKHC will disburse award check directly to the University or school's financial aid office. Funds will be disbursed in equal amounts for quarter/term/semester. Candidates will be sent a notice that the education funds they receive may be taxable (1099).

Eligibility: Members or descendents of the 58 recognized tribes in the YKHC service area or employees of YKHC with one (1) year of employment in good standing as determined by employee evaluation.

Grade Transcripts: Request that school/s submits an official grade transcript to the YK AHEC.

Proof of Completion: Submit official grade reports upon completion of each funded semester/term/quarter. No newly approved or additional installments of funds will be released to the University/school until grade reports are received by YKHC.

Selection Criteria: Selection of candidates is based on several criteria, such as timely submission and completeness of application, occupation identified as a YKHC current or projected need, scholastic achievement, rigor of course work or degree program, the quality of the statement of purpose, efforts on student financial contribution, financial need, previous work experience, education and community involvement and recommendations and subject to the native preference provisions of P.L. 93-638.

Selection Decisions: The YKHC Scholarship/Loan Forgiveness Program Committee makes award recommendations. The President and Chief Executive Officer make the final decision. Candidates will be mailed results of their applications.

Applicant Information: please type or print legibly

Full Name: _____ Social Security Number _____
Permanent Mailing Address: _____ Daytime Phone No.: _____
Mailing Address at School: _____ Phone no. at School: _____
Email address: _____ Fax no. at School: _____

Enrolled as a member of one of the 58 tribes served by YKHC: Yes No
Legal Name of enrolled tribal member: _____ Tribe and Enrollment Number _____
If Descendent, I am the Tribal Member's Child Grandchild Great Grandchild (Attach copies of Birth Certificate & Member's CIB or Tribal Enrollment Card. Tribal Member Name: _____
Program of Study (Major/Minor) _____ Proposed Health Care Occupation: _____
Enrolled student: 1st year 2nd year 3rd year 4th year 1st year grad 2nd year grad 3rd/4th grad
Expected Enrollment (Month/Year): _____ Expected Graduation (Month/Year) _____
My school's calendar is based on: Semester Quarter Other: _____
Expected # credits for term(s) for which the scholarship applies: _____ My cumulative GPA is: _____
I have been accepted to this Accredited University/College/School: _____
Financial Aide Office Mailing Address: _____ Phone: _____
_____ Fax: _____

I have requested two letters of recommendation to be sent to YKHC: Yes No

I have requested that my official grade transcript/s or certificate/s of completion most recently completed semester/quarter be sent to YKHC as soon as they are available: Yes No (Do Now)

I have applied for funding from the following funding sources (be specific): _____

I have been convicted of a felony offense or any of two or more misdemeanor offenses under federal, state or tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, crimes against persons or offenses committed against children: Yes No
If yes, explain: _____

Contact information of person through whom I can always be located:

Name: _____ Relationship: _____

Permanent mailing address: _____ Daytime phone no: _____

Education and Employment Experience: Please attach your resume if appropriate

High School Diploma Date: _____ GED Date: _____

Certificates Earned: _____ Date of Completion: _____

Associates Degree: _____ Date of Completion: _____

Undergraduate Degree: _____ Date of Completion: _____

Graduate Degree: _____ Date of Completion: _____

*Please provide official transcripts and certificates/degree earned.

APPLICANT DISCLOSURE AND CONSENT TO BACKGROUND REPORT

Name: _____
Last First Middle

Other Names Used: _____
Last First Middle

Present Address: _____
Street City State Zip Telephone

Previous Address: _____
Street City State Zip Telephone

Social Security No.: _____

Driver's License No.: _____

Date of Birth.: _____

In consideration for processing my application to the Scholarship/Loan Forgiveness Program (“Program”), I hereby authorize the Yukon-Kuskokwim Health Corporation (“YKHC”) to receive information concerning my suitability and qualification for the Program. I understand that YKHC also may use this information in determining whether to employ me at the conclusion of the Program. Information obtained and used by YKHC may include information concerning my past and current criminal records. I understand that YKHC may use the services of an outside agency (“Agency”) to obtain a report with the above information, and I authorize YKHC to do so. I understand I have the right to request from the Agency used by YKHC additional information about the nature and scope of the report. I request and authorize the appropriate individuals, companies, institutions, or agencies to release information to the Agency and to YKHC and I release those individuals, companies, institutions, or agencies from any liability as a result of such inquiries or disclosures. I also release YKHC, its officers, directors, attorneys, agents, employees, successors and assigns, and the Agency from any and all liability with respect to the release or dissemination of any such information. I understand and agree that the success of my application to the Program and employment, if any, may be determined in whole or in part based on the reports issued to YKHC.

Signature of Applicant

Date

Budget Forecast Form:

Please Note: Applicants must show that efforts were made to obtain other sources of funding.

Name: _____ Program of Study: _____
 Expected Enrollment Date (Month/Year): _____ Expected Graduation Date (Month/Year) _____
 My Program's Calendar is based on Semesters Quarters Other: _____
 College/University/School of Enrollment: _____

First year of funding for students accepted into a professional health program is awarded as a scholarship with no repayment requirement. However, the student would need to maintain a GPA of 3.0 to move up to a continuing loan.

- **Scholarship and Loan Plan for Undergraduate Programs**
 - 1 year funding \$2,000.00 (Scholarship)
 - 2nd year funding \$2,500.00 (Loan)
 - 3rd year funding \$3,000.00 (Loan)
 - 4th year of funding \$3,500.00 (Loan) *Not to exceed \$11,000.00 total
- **Loan Plan for Graduate Programs**
 - 1 year funding \$4,000.00 (Loan)
 - 2nd year funding \$4,500.00 (Loan)
 - 3rd year funding \$5,000.00 (Loan)
 - 4th year of funding \$5,500.00 (Loan) *Not to exceed \$19,000.00 total

Annual Budget Forecast: YKHC's program will pay only for tuition, books and fees.

EXPENSES	AMOUNT _____	Sources of Funds	Amount
Direct Academic Costs		Personal Resources for Schooling	
Tuition	\$ _____	Student Contribution/Savings	\$ _____
Fees	\$ _____	Family Contribution	\$ _____
Books & Required Supplies	\$ _____	Other	\$ _____
Total Annual Expenses:	\$ _____	Government Allowances	
		Veterans Administration Aid	\$ _____
		State/Federal Social Security	\$ _____
		Other	\$ _____
		Academic Financial Aid	
		I. H. S. Scholarship	\$ _____
		B.I.A. Scholarship	\$ _____
		Scholarship/Fellowship	\$ _____
		Pell Grant	\$ _____
		Alaska Student Loan	\$ _____
		Other	\$ _____
		Total Sources of Funds:	\$ _____