



# 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 program is set up to encourage members of the 58 tribes served by YKHC and their descendants, as well as YKHC employees with good standing, to pursue training as health professionals. This scholarship program is also open to all Alaska residents.

The priority for funding will be in line with P.L. 93-638, the Indian Education and Self-Determination Act, and the YKHC scholarship applicant evaluation form.

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 tuition, books, and fees only. Candidates must show that they have applied for other funding opportunities. Incomplete applications may not be processed. 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. 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. All students who are accepted into the scholarship program must submit **official** transcripts each semester. All scholarship recipients must maintain a minimum yearly GPA of 3.0 to qualify for additional fiscal funding.

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## 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 Descendant a copy of the Official Birth Certificate.                     | <input type="checkbox"/> |
| 4. Official document showing name change. (if applicable)                      | <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"/> |
| 13. Applicants without Tribal Enrollment ID or CIB; Proof of Alaska residency. | <input type="checkbox"/> |

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## Deliver or Mail Documents to:

YKHC Scholarship 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 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 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 Descendant.** Provide a copy of your birth certificate to demonstrate your relationship as a Native lineal descendant 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 who is in good standing with YKHC, upon proof of length of service and good standing.
  - D. **Alaska Resident.** Any applicant who can provide evidence of the following (only one required):
    - \* Received or have been qualified to receive an Alaska Permanent Fund Dividend within the last 12 months.
    - \* Have graduated in the last 12 months from a qualified Alaska high school.
    - \* Have been physically present in Alaska for the past two years.
3. **Letter of Acceptance.** Submit a copy of acceptance letter from an accredited program for licensure or certification in a healthcare field.
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 in healthcare. (One 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? (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:** July 22, 2016; November 30, 2016; May 26, 2017

## **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 downloaded 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 Program is 3.0 or above.

**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
  - Midwife
- 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 to tuition, books and fees only. 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 descendants of the 58 recognized tribes in the YKHC service area or employees of YKHC in good standing as determined by employee evaluation. All Alaskan residents.

**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. All completed applications are assessed and scored using the YKHC Applicant Evaluation Form.

**Selection Decisions:** The YKHC Scholarship 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 Descendant, 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:  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  1<sup>st</sup> year grad  2<sup>nd</sup> year grad  3<sup>rd</sup>/4<sup>th</sup> 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

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.

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**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 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: \_\_\_\_\_

Each year of funding for students accepted into a professional health program is distributed in equal amounts for each quarter/term/semester. Official school transcripts must be sent to YK AHEC Scholarship Committee at the end of each quarter/term/semester before the next payment will be awarded. Each student needs to maintain a minimum yearly GPA of 3.0 to continue receiving the YKHC scholarship. Repeat applicants must also submit a written request and updated Statement of Purpose by the allocation deadline to secure continued funding.

- **Scholarship Plan for Undergraduate Programs**
  - 1 year funding \$2,000.00 (Scholarship)
  - 2<sup>nd</sup> year funding \$2,500.00
  - 3<sup>rd</sup> year funding \$3,000.00
  - 4<sup>th</sup> year of funding \$3,500.00 \*Not to exceed \$11,000.00 total
- **Scholarship Plan for Graduate Programs**
  - 1 year funding \$4,000.00 (Scholarship)
  - 2<sup>nd</sup> year funding \$4,500.00
  - 3<sup>rd</sup> year funding \$5,000.00
  - 4<sup>th</sup> year of funding \$5,500.00 \*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
<b>Direct Academic Costs</b>		<b>Personal Resources for Schooling</b>	
Tuition	\$ _____	Student Contribution/Savings	\$ _____
Fees	\$ _____	Family Contribution	\$ _____
Books & Required Supplies	\$ _____	Other	\$ _____
Total Annual Expenses:	\$ _____	<b>Government Allowances</b>	
		Veterans Administration Aid	\$ _____
		State/Federal Social Security	\$ _____
		Other	\$ _____
		<b>Academic Financial Aid</b>	
		I. H. S. Scholarship	\$ _____
		B.I.A. Scholarship	\$ _____
		Scholarship/Fellowship	\$ _____
		Pell Grant	\$ _____
		Alaska Student Loan	\$ _____
		Other	\$ _____
		<b>Total Sources of Funds:</b>	<b>\$ _____</b>