



Applicant information

Full Name: _____
First: Middle: Last

Male Female Date of Birth: _____ Social Security Number: _____

Permanent mailing address: _____

Email address: _____

Phone number Primary _____ Secondary _____

Enrollment as tribal member: Yes No Alaska State Resident Yes No

Have you ever worked for YKHC? Yes No

If yes, position last held: _____ Dates: from _____ to _____

College Enrollment Information

College enrolled in. Name: _____ City: _____ State: _____

Program of study: _____

(Student must be enrolled fulltime in an area of healthcare stated on college acceptance letter. **Note:** Pre-majors do not qualify)

Degree to be awarded _____ Expected graduation date _____

College Bursars office contact number: _____

Contact information of person through whom I can always be located

Name, Number, Relationship: _____

Required supporting documentation to be submitted with application

Statement of purpose explaining why you feel you should be selected for the YKHC Scholarship. (no more than one page typed)

If Tribal Member, copy of enrollment card. If descendant, copy of official birth certificate.

Two letters of recommendation

Copy of College Acceptance Letter- stating enrollment into a program of study in health-related program leading to certification and/or licensure. Pre-majors do not qualify.

Most recent school transcript showing classes taken and gpa.

Proof of Alaska Residency

Signature

I attest that all the above information is true and I agree to allow YKHC to do a Background Check as part of the selection process.

Applicant signature _____ Date _____

If applicant is under 18 years of age parent/guardian signature required.

Parent/guardian printed name _____ Parent/guardian signature _____