



**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 \_\_\_\_\_