Yukon-Kuskokwim
HEALTH CORPORATION
P.O. Box 287 • Bethel, Alaska 99559 • 907-543-6000

YKHC Scholarship Application Information Required

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 full-time or part-time in a healthcare program verified 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 from present/past supervisors, teachers, non-relatives who can attest to your character and abilities
- ☐ Copy of College Acceptance Letter verifying enrollment in a healthcare program leading to certification and/or licensure. Pre-majors do not qualify
- ☐ Most recent school transcript showing classes taken and grades/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 _____