



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: _____ Year in School: _____

(Student must be enrolled full-time or part-time in a healthcare program verified on college acceptance letter to be given priority.)

Note: Pre-majors and non-healthcare majors are given second preference.

Degree to be awarded _____ Expected graduation date _____

College Financial Aid Office contact (email & phone): _____

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 (written within 6-12 months from date of application) 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.

Note: Students in major healthcare programs are given priority.

Most recent school OR college 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 _____