

Nimiipuu Health



Scholarship Application

Providing quality health care in a confidential and culturally sensitive setting.

Please type or print legibly

Student Name (Last, First, Middle initial)

Date

Mailing Address

Telephone Number

DOB

Tribal Enrollment Number

Please include the following with your application:

- ✚ Certificate of Indian Blood from BIA or a copy of your Tribal Enrollment Card.
- ✚ Letter of Acceptance from the school.
- ✚ Most recent transcripts from your last institution. (Does not have to be Official Transcripts) Or most recent copy of High School Transcripts.
- ✚ You must have a **GPA of at least a 2.5 or higher.**
- ✚ An essay describing your educational goals and your specific interest in the health field.
- ✚ Three (3) letters of reference: one (1) from an educator who is familiar with your academic work, one (1) from an individual who is familiar with your community service and leadership activities, and one (1) from an individual who knows you personally (**please do not ask a relative**).

NOTE: You must submit a complete application to be considered. We receive many application requests each year and unfortunately, we cannot process incomplete applications.

Recipient(s) will be selected solely on their application packet and the standards set forth herein. We do not discriminate based on age, sex, religion, disability, need, family relationships, or other disqualifying event outlined herein.

Return to: Nimiipuu Health Scholarship Program, P.O. Box 367, Lapwai, ID 83540

(Nimiipuu Health 01/2016)