



## **The Mary Jones Excellence in Healthcare Scholarship Program** (2018-2019 Academic Year)

The Mary Jones Excellence in Healthcare scholarship program is established to provide continuity of care in KIC's Tribal Health Clinic by supporting our KIC citizens in obtaining education in the medical field. The program will provide financial support in order to encourage the growth of our own medical professionals to provide the best possible care to our people.

### **Eligibility**

Enrolled KIC tribal members who are pursuing accredited degree programs in one of the following medical fields (listed below), and agree to one-year of full-time service in KIC's Tribal Health Clinic per year of funding. Scholarship recipients must also agree to and demonstrate they are capable of fulfilling the service agreement, if funded, and remain in good academic standing throughout the course of the program. Scholarship awards will not exceed \$30,000 for the 2018-2019 academic year.

- Nursing
- Medicine-related sciences
- Dentistry
- Pharmacy
- Medical coding and billing
- Healthcare administration
- Behavioral health

Tribal members who also receive the Advanced Educational Opportunities scholarship may also apply and KIC E&T staff will ask for additional documentation regarding financial aid, scholarships, and program cost.

### **IMPORTANT DATES**

November 1, 2018     **Scholarship Application Deadline**  
Applications and all supporting documentation must be postmarked or received by this date. No exceptions.

November 15, 2018     **Scholarship Award Notification**  
All applicants will be mail award notifications to the address listed on the application by this date.

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### **Mary Jones Scholarship Contact**

Name: Cameron Sivertsen  
Title: Education and Training Specialist  
Phone: 907-228-9229  
Email: csivertsen@kictribe.org

Need helping completing this application, applying for college admissions, or filling out the FAFSA?  
**Contact staff to schedule a personal college and financial aid planning appointment.** KIC E&T is here to help!



# Ketchikan Indian Community · Education and Training

615 Stedman Street · Ketchikan, AK 99901

Main (907) 228-9365 Fax 1-800-727-2091

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## THE MARY JONES EXCELLENCE IN HEALTHCARE SCHOLARSHIP APPLICATION

Completed applications and supporting documents must be submitted by November 1, 2018 (2018-2019 academic year).

### STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
PERMANENT HOME ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP	GENDER
MAILING ADDRESS AT SCHOOL	CITY	STATE	ZIP	
PERMANENT PHONE	CELL PHONE	EMAIL ADDRESS		

**NOTE:** Correspondence from the Education and Training will regularly be sent to the addresses (mailing and electronic) and phone numbers you have provided. It is the student's responsibility to notify E&T staff of any changes to his/her contact information. E&T will not be held responsible for late notification or missed deadlines if a student does not update his/her contact information.

Are you a KIC member?  Yes  No KIC Enrollment # KA \_\_\_\_\_

Please list all other tribal affiliations: \_\_\_\_\_

### EDUCATION INFORMATION

HIGH SCHOOL	CITY	STATE	GRADUATION DATE	
IF GED, PROVIDE PROGRAM INFORMATION	CITY	STATE	DATE OBTAINED	
PREVIOUS COLLEGE(S)	CITY	STATE	CUMULATIVE GPA	

### COLLEGE INFORMATION

COLLEGE NAME	FINANCIAL AID MAILING ADDRESS	CITY	STATE	ZIP
FINANCIAL AID OFFICER	PHONE	FAX	STUDENT ID NUMBER	
COLLEGE TERM TYPE	<input type="checkbox"/> Quarter	<input type="checkbox"/> Trimester	<input type="checkbox"/> Semester	<input type="checkbox"/> Internet/Distance/Correspondence (Block)
DATES ATTENDING	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring
I AM ATTENDING:	<input type="checkbox"/> Part-time (3-11 credits)		<input type="checkbox"/> Full-time (12+ credits)	
DEGREE PROGRAM	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Graduate (please specify): _____	
CLASS STANDING	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior <input type="checkbox"/> Other:
MAJOR(S): _____	MINOR(S): _____	EXPECTED DATE OF GRADUATION: _____		

The completed Mary Jones Healthcare Scholarship program application and supporting documents must be submitted by November 1, 2018 to be considered for a scholarship.

**Required Documents:**

- Completed Application
- Proof of KIC enrollment
- Verification of degree program enrollment
- Two professional letters of recommendation
- Current resume or curriculum vitae and cover letter
- Signed service commitment agreement and statement of understanding

PERMANENT CONTACT (OPTIONAL)	AUTHORIZATION TO COMMUNICATION (OPTIONAL)
I authorize Education and Training to contact the following individual, who does not live with me, but who knows how to contact me if I move, for the purposes of maintaining accurate student contact information.	I authorize the following individual to communicate with Education and Training on my behalf and to whom information related to my application may be released to facilitate the completion of my application.
NAME	NAME
PHONE	RELATIONSHIP
ADDRESS	PHONE
STUDENT SIGNATURE _____ DATE _____	STUDENT SIGNATURE _____ DATE _____

**CERTIFICATIONS (Please read carefully):**

- I understand that if my application is postmarked after November 1, 2018 or is incomplete or does not include ALL of the above outlined documentation that I am ineligible for Mary Jones Healthcare Scholarship program and will not be considered by E&T staff.
- I certify to the best of my knowledge that the information on this application is accurate and true. I understand the information is subject to verification. I understand that any misrepresentation or any concealment of information will be sufficient grounds for rejection of this application or loss of scholarship award.
- I further certify that any funds received under the Mary Jones Healthcare Scholarship program will be used solely for expenses related to my attendance at the college listed on this application.
- I further certify that, if funded, I will review and sign a Service Commitment with the KIC Tribal Health Clinic.
- I am confirming that I am not receiving scholarship or grant assistance from any other federally-funded tribal scholarship programs (for example: Metlakatla Indian Community, CCTHITA/Tlingit & Haida, Navajo Nation, etc).
- I agree to Mary Jones Healthcare Scholarship program policies and I understand that failure to comply may result in the loss of any award.
- I authorize Mary Jones Healthcare Scholarship program to release my name and address for employment or educational opportunities and to announce my name, community, school, major fields of study or program, educational awards or honors, including my graduation and honor roll status, to the media.
- I hereby authorize release of any and all information for financial aid and educational purposes from State, Federal and private agency records to the Mary Jones Healthcare Scholarship program, Ketchikan Indian Community.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT FULL LEGAL NAME