



Advanced Educational Opportunities
615 Stedman Street · Ketchikan, AK 99901
Phone (907) 228-9365 Fax 1-800-727-2091

The Mary Jones Excellence in Healthcare Scholarship Program 2021-2022 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.

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

IMPORTANT DATES

May 14, 2021

Scholarship Application Deadline

Applications and all supporting documentation must be postmarked or received by this date. No exceptions. Students whose completed applications are not received by this deadline will not be considered for scholarship funding for the summer academic term.

June 15, 2021

Scholarship Award Notification

All applicants will be sent award notifications by this date.

October 15, 2021

Scholarship Application Deadline (Tentative)

If funding is available, students who submitted completed applications after the May deadline can be considered for winter/spring scholarship funding.

AEO CONTACTS: scholarships@kictribe.org will email all AEO staff

Cameron Sivertsen, M.Ed.
Workforce Development Manager
Phone: (907) 228-9229
Email: csivertsen@kictribe.org

Gunnar Keizer
Education Specialist
Phone: (907) 228-9221
Email: gkeizer@kictribe.org

Need helping completing this application, applying for admissions, or filling out the FAFSA?
Contact the AEO staff to schedule a personal college and financial aid planning appointment!



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THE MARY JONES EXCELLENCE IN HEALTHCARE SCHOLARSHIP APPLICATION

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.

Completed applications and supporting documents must be submitted by May 14, 2021 (2021-2022 academic year).

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PREFERRED NAME
DATE OF BIRTH	GENDER	PRONOUNS	SOCIAL SECURITY NUMBER
PERMANENT HOME ADDRESS	CITY	STATE	ZIP
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP
PERMANENT PHONE	CELL PHONE	EMAIL ADDRESS— LIST EMAIL YOU CHECK REGULARLY	

NOTE: Correspondence from the Advanced Educational Opportunity will regularly be sent to the addresses (mailing and electronic) and phone numbers you have provided. It is the student's responsibility to notify AEO staff of any changes to his/her contact information. AEO 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
1) PREVIOUS COLLEGE	2) PREVIOUS COLLEGE	3) PREVIOUS COLLEGE	4) PREVIOUS COLLEGE

COLLEGE INFORMATION

COLLEGE NAME	PHONE	FAX	STUDENT ID NUMBER
FINANCIAL AID/SCHOLARSHIP MAILING ADDRESS	CITY	STATE	ZIP
COLLEGE TERM TYPE	<input type="checkbox"/> Quarter	<input type="checkbox"/> Trimester	<input type="checkbox"/> Semester <input type="checkbox"/> Block
DATES ATTENDING	<input type="checkbox"/> Summer 21 <input type="checkbox"/> Fall 21 <input type="checkbox"/> Winter 22 <input type="checkbox"/> Spring 22 <input type="checkbox"/> Block	Next term begins:	
I AM ATTENDING:	<input type="checkbox"/> Part-time (undergrad up to 11 credits; graduate up to 8 credits)	<input type="checkbox"/> Full-time (undergrad 12+ credits; graduate 9+ 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 **May 14, 2021** to be considered for a scholarship.

Required Documents:

- Completed Application
- Proof of KIC enrollment
- Official college transcripts of all coursework related to eligible degree program
- Letter of admission showing enrollment in eligible degree program
- Projected budget forecast for 2021-2022 year from the institution's financial aid office
- Course registration for the upcoming term
- Two professional letters of recommendation
- Current resume or curriculum vitae and cover letter

SECOND PARTY AUTHORIZATION TO COMMUNICATION (OPTIONAL):

If you would like AEO staff to communicate with an individual about your application, award status, and missing documents, please fill out information below.

I authorize the following individual to communicate with Advanced Educational Opportunities on my behalf and to whom information related to my application may be released to facilitate the completion of my application.

NAME		RELATIONSHIP	
PHONE		EMAIL	
STUDENT SIGNATURE			DATE

CERTIFICATIONS (Please read carefully):

- I understand that if my application is postmarked after May 14, 2021 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, CCHITA/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