

APPLICATION FORM



Northern Inter-Tribal Health Authority Health Careers Scholarship Fund



Deadline: September 30
(every calendar year)

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Reference the application Guidelines available on the NITHA website www.nitha.com for instructions on how to complete the application. Please complete applications in blue or black ink.

DATE OF APPLICATION:				
Section 1 – INFORMATION SOURCE				
How did you learn about this award? (Check as many as applies)				
<input type="checkbox"/> College/University	<input type="checkbox"/> Community Agency	<input type="checkbox"/> Family member	<input type="checkbox"/> Financial Aid Office	
<input type="checkbox"/> Friend	<input type="checkbox"/> Guidance Counsellor	<input type="checkbox"/> In remote community	<input type="checkbox"/> In rural community	
<input type="checkbox"/> In urban community	<input type="checkbox"/> Magazine	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster, Brochure, Flyer	
<input type="checkbox"/> Previous recipient	<input type="checkbox"/> Radio	<input type="checkbox"/> Teacher/Professor	<input type="checkbox"/> Website	
<input type="checkbox"/> Other (Please Identify)				
Are you a past recipient of a NITHA Health Careers Scholarship? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Section 2 – PERSONAL and CONTACT INFORMATION				
Family Name	Given Name(s)	Initial(s)		Gender
		Date of Birth (dd/mm/yy)	Current Age	
<input type="checkbox"/> Female				
Address While in School:				
Street Address				
City	Province/Territory	Postal Code	Area Code & Telephone # ()	
Permanent/Home Mailing Address: Same as above <input type="checkbox"/>				
Street Address				
City	Province/Territory	Postal Code	Area Code & Telephone # ()	
Mailing address you would like us to use: <input type="checkbox"/> School <input type="checkbox"/> Permanent		E-mail Address (required)		
		Alternative E-mail Address		

Section 3 - EDUCATION

Identify institution you plan to attend?	Is this your last year in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No	What year of study are you entering? (year Scholarship Fund will be applied to) 1 2 3 4 5 6
Length of program (in years)? 1 2 3 4 5 6	Identify the Degree/Diploma that you will receive upon graduation. <input type="checkbox"/> Certificate Diploma Undergraduate Degree Graduate Degree <input type="checkbox"/> Other, specify _____	
Year you will complete your program?	What is the name of your program?	
Start date this academic year (mm/yy)	Finish date for this academic year? (mm/yy)	What job/career/occupation do you hope to have when you graduate?

Please list the last three schools, colleges, or universities that you have attended.

FROM (mm/yy)	TO (mm/yy)	NAME OF INSTITUTION	PROGRAM	Degree/Diploma Granted

Section 4 – FIRST NATIONS HERITAGE

Name of First Nation Band	Name of Community
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Section 5 - INVOLVEMENT and CONTRIBUTION to the ABORIGINAL COMMUNITY

This is an award for First Nations people; therefore, your involvement/engagement/participation in the First Nations community is of utmost importance.

If this is your first time applying to the NITHA Scholarship Fund Committee, your letter of introduction should include the following:

- Tell us about where you were born, where you grew up and about your family & community.
- State your reason for choosing your field of study.
- Demonstrate your contribution and ongoing involvement in the Aboriginal community.

Section 6 – DECLARATION and CONSENT

My signature below confirms that:

I am aware of the mandatory documents listed below are due by September 30, no exceptions or my application remains incomplete and will not be reviewed by the Scholarship Committee:

- One current NITHA Health Careers Scholarship Application Form fully completed and signed in the designated areas.
- Proof of First Nations status.
- Letter of Personal Introduction (minimum 500 words, maximum 1,000 words).
- Letter of Reference from an Instructor.
- Letter of Reference from a Community Member.
- Original Official Transcript from your present or most recent academic program.
- Confirmation of enrolment that you are registered as a full-time student in _____ for the timeframe that coincides with the number of months you are requesting funding in the budget section of your application.

I have read and fully understand the guidelines that govern the application and Scholarship Committee process, and I have provided answers to **all** questions which apply to me.

I certify that all information contained on this form is true and correct. I understand that any false statements intentionally given on this application, by e-mail, or telephone will disqualify my application and will affect my ability to access future funding.

I acknowledge that if my application package does not include all the required documents my application will be deemed ineligible. I also recognize that it is my responsibility to ensure that all supporting documents are post-dated and/or received by the NITHA office by the deadline. For example: Official transcripts being mailed directly to NITHA by the school.

Applicants Signature: _____ Date: _____

GRADE POINT AVERAGE---FOR NITHA OFFICE USE ONLY

Most recent grade average is _____ out of a possible _____

OFFICIAL GRADE TRANSCRIPT MANDATORY.

Contact NITHA by:

Tel: (306) 953-5000

E-mail:

receptionist@nitha.com

Website: www.nitha.com

Mail completed forms to:

Attention: Scholarship Committee

Northern Inter-Tribal Health

Authority Inc.

PO Box 787

Prince Albert, SK S6V 5S4

Drop off at:

Chief Joseph Custer I.R. #201

2300-10th Avenue West,

Peter Ballantyne Cree Nation

Office Complex, Main Floor

Prince Albert, SK.