



**DEADLINE:**

**SEPTEMBER 30**  
(Every calendar year)

# NITHA HEALTH CAREERS SCHOLARSHIP FUND APPLICATION FORM

# APPLICATION FORM

**NORTHERN INTER-TRIBAL HEALTH AUTHORITY (NITHA)  
HEALTH CAREERS SCHOLARSHIP FUND**

**Deadline: September 30 (every calendar year)**

Applications must be completed in **blue or black ink**. The Application Guidelines/ Instructions to completed the application are available on the NITHA website [www.nitha.com](http://www.nitha.com)

**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?  YES  NO

**SECTION 2 – PERSONAL and CONTACT INFORMATION**

Last Name:		Given Name(s):	
Date of Birth:	Current Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Email Address (required):

Alternate Email Address:

**Address While in School:**

Street Address:

City:	Province/Territory:	Postal Code:
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Telephone:

**Permanent/Home Mailing Address:** Same as above

Street Address:

City:	Province/Territory:	Postal Code:
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Telephone:

Mailing address you would like us to use:  School  Permanent

### SECTION 3 - EDUCATION

Identify post-secondary institution you will be attending:

Name of the program:

Start date for this academic year (mm/yy):

End date for this academic year (mm/yy):

Anticipated year you will complete your program:

Is this your last year in this program?

Yes  No

What year of study are you entering?

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.

Certificate  Diploma  Undergraduate Degree  Graduate Degree

Other, specify \_\_\_\_\_

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:

### SECTION 5 – INVOLVEMENT/ CONTRIBUTION TO INDIGENOUS 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 (please read and check boxes):

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 for the timeframe that coincides with the year of 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: \_\_\_\_\_

### TO BE FILLED OUT BY NITHA - GRADE POINT AVERAGE

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](mailto:receptionist@nitha.com)

Website: [www.nitha.com](http://www.nitha.com)

#### Mail completed forms to:

Attn: 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

2300-10<sup>th</sup> Avenue West,  
Peter Ballantyne Cree Nation  
Office Complex, Main Floor  
Prince Albert, SK.