

THE AMERICAN INDIAN MEDICAL SCHOLARSHIP AWARDS

The National Society of The Colonial Dames of America has provided scholarship awards since 1928 to assist students of American Indian, Alaska Native, or Native Hawaiian heritage pursuing degrees in nursing or in the field of health care. Eligible students receive \$1,500 per semester and the money is to be used strictly for tuition, books or fees applicable to the student's approved program. The grant is sent to the school and credited to the student's account. Once a student is accepted, they may re-apply for continued funds each semester as long as the student remains in academic good standing. To be eligible for a scholarship, the candidate must be:

- Enrolled in a tribe or village. If not enrolled, the student may be considered if he or she can prove direct tribal ancestry.
- A high school graduate, in the last semester of high school, or have equivalent education
- Enrolled in an accredited school
- Enrolled in the health professional program, having achieved good scholastic standing in prenursing, pre-med; or, enrolled in a health care or health education program
- Expected to graduate two years after enrollment if in an Associate Degree program
- Expected to graduate in four years if pursuing a B.S.
- Post graduate students are also eligible
- Maintaining the scholastic average required by the school
- Recommended by their counselor, teacher or other school official
- In need of financial assistance
- Focused on a career goal directly related to the healthcare needs of the American Indian, Alaskan Native, or Hawaiian Native community

In addition to the above, an official transcript, small photograph and biographical statement including educational background, financial need, career goals, special achievements or other pertinent information must accompany the application.

These scholarships are made possible through the Martha L. Walden Fund endowment and contributions of our Corporate Societies, members, and individuals throughout the United States.

THE AMERCIAN INDIAN MEDICAL SCHOLARSHIP AWARD

| NAME | | | | |
|------------------------------------------------------------------------------------------------|-----------------------------------------|---------|--|--|
| | (Last) (First) (Middle) | | | |
| HOME ADDRESS | | | | |
| | (Street) (City) (State) (Zip) | | | |
| TELEPHONE | EMAIL | | | |
| DOB | | | | |
| BEST WAY TO CONTACT | | | | |
| TRIBAL/VILLAGE ORIGIN | ARE YOU AN ENROLLED | MEMBER? | | |
| TRIBAL ENROLLMENT NUMBER (| OR VILLAGE AFFILIATION | | | |
| IF NOT A TRIBAL MEMBER, PLEASE SUBMIT ON A SEPARATE SHEET PROOF OF TRIBAL OR VILLAGE ANCESTRY. | | | | |
| EXPECTED DEGREE FROM | (Name of Institution) (Degree Expected) | (Date) | | |
| ADDRESS OF INSTITUTION | | | | |
| | (Street) (City) (State) (Zip) | | | |

| NAME OF FINANCIAL AID OFFICER | |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| CONTACT INFORMATION FOR FINANCIA | L AID OFFICER |
| ADDRESS OF FINANCIAL AID OFFICE | (Street) (City) (State) (Zip) |
| | (Street) (City) (State) (Zip) |
| YOUR COLLEGE ADDRESS | |
| | (Street) (City) (State) (Zip) |
| Do you have other financial aid? If yes, the year (tuition, books, fees, uniforms, etc.) | please list on another sheet. List estimated school expenses for |
| Please list two or three personal references with a one. Include a previous teacher or counselor. | ddresses, submitting a letter of recommendation from at least |
| (Name) | (Street) (City) (State) (Zip) |
| (Name) | (Street) (City) (State) (Zip) |
| (Name) | (Street) (City) (State) (Zip) |

^{***}Please remember to include a photograph of yourself with your application, for use in future educational, promotional, or training purposes if accepted.***

| SIGNATURE AND | DATE: | | |
|--------------------------------------------|--------------|--------------------|---------------------------------------|
| | | (Name) | (Date) |
| Application for: | Fall | Spring Summer term | in Year 20 |
| Applications for fall by December 1st. Sen | | | ions for the spring must be submitted |
| Machan | 1 77 | | |
| NSCDA-Dum | | | |
| Attn: Indian N | Medical Scho | | |
| | Medical Scho | larship | |

I give permission for The National Society of The Colonial Dames of America [National Society] to utilize any photographs and/or statements/materials provided as part of the scholarship application process for future National Society educational, promotional, or training purposes, which may include print, broadcast, video,

and Internet media.