



Indian Health Career Award

Phoenix Indian Medical Center Auxiliary, 4212 North 16th Street, Phoenix, AZ 85016 ◇ 602-263-1576

TO: Counselors of Indian Students and Interested Persons

FROM: Indian Health Career Award Committee

SUBJECT: Submission of IHCA Applications

Who May Apply:

The Indian Health Career Awards (IHCA) Program started in 1975 from Indian students as a source of funds to meet small, but significant school needs, as well as, a way to recognize achievement and further motivate student interest in health careers.

The IHCA committee determines eligibility up to \$700 award for Spring or Fall semesters for full or part-time students. Decisions will be made by factors as proven interest, scholarship, achievements, recommendations, need and other criteria deemed important by the committee. Applications for may be submitted more than once during subsequent academic years.

The IHCA committee is responsible for evaluating the award application, recommendations and accurate records of all income and disbursements. Recipients are urged to send progress reports to the IHCA committee.

Eligibility for Award

- A. The student applying must be in a student program for their health career or health related fields of study.
- B. Applicant must be American Indian or Alaskan Native with documentation of Tribal enrollment.
- C. First priority is to the Arizona Indians residing in Arizona.
- D. Applicant with a firm commitment to completing studies for a health career must be enrolled and accepted in an institution of higher learning.
- E. Applicant is required to complete an IHCA Award application.
- F. Applicant will be judged on the basis of merit, ambition, perseverance, reliability and established need.

Restrictions: Awards will be flexible up to \$700 for full or part-time students according to the discretion of the award committee. After due deliberation and consideration, the committee can make exceptions to restrictions.

Completed applications should be sent to the address above prior to **July 15th** for the Fall semester, and **November 15th** for the Spring semester.

New applicants must completed the application form and be accompanied by the following documents:

1. Completed transcripts from all educational institutions (*high school, college, etc.*) previously attended, or currently attending. (*Student copies acceptable*)
2. Tribal enrollment documentation.
3. A narrative written on a separate sheet of paper. (*See page 2-E. of IHCA Application for details*)
4. Names of three references from non-related responsible persons who currently know you. References should be mailed separately. (*Forms attached*)
5. A head and shoulders picture of applicant, not measuring more than 4 x 4.

Returning Applicants

Please submit a copy of your current transcript. If your current transcript is **not** available, inform us of your grade standing by a statement from your instructors. Include a letter to the committee describing your progress in your chosen field and any other information you think the committee would be interested in knowing.

Submit Application to:

Phoenix Indian Medical Center Auxiliary
Indian Health Career Award
4212 North 16th Street
Phoenix, AZ 85016

Applications must be received no later than:

July 15th – Fall Semester

November 15th – Spring Semester



Indian Health Career Award Application

Please fill in all information requested. Please Print.



Date: _____

A. Personal Information

1. Name: _____
2. Tribal Affiliation: _____
3. Mailing Address: _____

4. Telephone number: (____) _____ home office cell message
5. Email address: _____
6. Social Security number: _____
7. Marital status: _____
8. Do you have responsibilities for children and/or other dependents? If yes, please explain: _____

B. Academic and Technical Background

1. Please list in chronological order the following information about schools and training courses attended, beginning with high school:

<u>School</u>	<u>Location</u>	<u>Major</u>	<u>Dates Attended</u>	<u>Degree/Certificates</u>	<u>Date</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Total credits hours to date: _____ Grade point average: _____
3. What institution will you be attending? _____
4. How many credit hours will you be taking? _____

C. Financial

1. Are you eligible or applying for Veteran's Education Benefits? _____ If yes, please indicate which benefit(s): _____

Estimate Income for <u>Semester</u> :		Estimate Expense for <u>Semester</u> :	
a. Tribe	_____	a. Tuition	_____
b. BIA	_____	b. Fees (Lab, Parking, etc.)	_____
c. Parental	_____	c. Books	_____
d. From Spouse	_____	d. Room/Rent	_____
e. Child Support	_____	e. Food	_____
f. Employment	_____	f. Clothing (uniform, shoes, etc.)	_____
g. VA Benefits	_____	g. Transportation	_____
h. Awards	_____	h. Child Care	_____
i. Scholarships/Pell	_____	i. Utilities	_____
j. Other	_____	j. Other	_____
TOTAL	_____	TOTAL	_____

3. The maximum IHCA per semester is \$700 for full or part-time. (Not to exceed a total of \$4,000.)
I am requesting: \$ _____ for the semester.

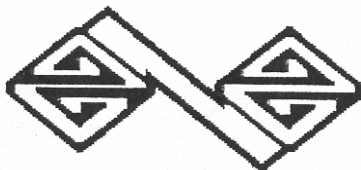
D. Career Goals

1. School enrolled/accepted: _____
2. Are you a continuing student? _____
3. Indicate the semester and year for which this Award will be used: _____
4. What is your career goal? _____
5. What degree or accreditation are you seeking? _____
6. Date your school term begins: _____

E. Narrative

The IHCA committee is interested in you and your efforts to reach your career goal(s). On a separate sheet of paper, briefly describe your present situation including the following:

1. Reason you are applying for particular source?
2. Any practical experience in your chosen career.
3. How and where you hope to pursue your career.
4. Other special skills and abilities you have to enhance your career.



References

Please give names and addresses of three non-related responsible persons in a health field who know you of your character, work history and educational background (i.e., employers, teachers, counselors, etc.). Give each a Personal Recommendation Form to fill out and mail back in a separate envelope, form is attached.

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____

The information provided is complete and accurate to the best of my knowledge. I understand and agree that this Award is to be used exclusively for the purpose of furthering my career in a health related field at an accredited school.

Signature of Applicant

Date

Mail completed application to:
Phoenix Indian Medical Center Auxiliary
Indian Health Career Award Committee
212 North 16th Street
Phoenix, AZ 85016

Note: Only completed applications will be considered.

Indian Health Career Award Personal Recommendation Form

Name of Applicant: _____
Last name
First
Middle

The above is an applicant for the Indian Health Career Award (IHCA) to be used exclusively for the purpose of furthering his/her career in a health related field at an accredited school. Your comments will be considered confidential and will be used only to arrive at a better understanding of the applicant.

Please send this form to: Phoenix Indian Medical Center Auxiliary
 Indian Health Career Award Committee
 4212 North 16th Street
 Phoenix, AZ 85016

1. Under what circumstances have you been associated with the applicant?

2. Does he/she seem seriously motivated toward the attainment of a health related career? Explain.

3. Please rate the following qualities:

1 = excellent 2 = Good 3 = Average 4 = Fair 5 = Poor

Sensitive to others _____
 Dependable _____
 Cooperative _____
 Shows Initiative _____
 Thorough _____
(able to follow through)

Trustworthy _____
 Tactful _____
 Adaptable _____
 Perseverant _____

Comments:

Signature _____
 Position/Title _____
 Address _____
