

# Indian Health Career Award

*Phoenix Indian Medical Center Auxiliary, 4212 North 16<sup>th</sup> 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 (IHA) 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.

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## **Eligibility for Award**

- A.** The student applying must be in a student program for their health career or health a related field 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.

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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 15<sup>th</sup>** for the Fall semester, and **November 15<sup>th</sup>** for the Spring semester.

## **New applicants must complete the application form and attach 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.

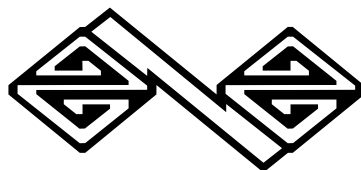
## **Submit Application to:**

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

## **Applications must be received no later than:**

July 15<sup>th</sup> – Fall Semester

November 15<sup>th</sup> – 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): \_\_\_\_\_
2. Estimate Income for Semester:  
a. Tribe \_\_\_\_\_  
b. BIA \_\_\_\_\_  
c. Parental \_\_\_\_\_  
d. From Spouse \_\_\_\_\_  
e. Child Support \_\_\_\_\_  
f. Employment \_\_\_\_\_  
g. VA Benefits \_\_\_\_\_  
h. Awards \_\_\_\_\_  
i. Scholarships/Pell \_\_\_\_\_  
j. Other \_\_\_\_\_
- TOTAL \_\_\_\_\_
- Estimate Expense for Semester:  
a. Tuition \_\_\_\_\_  
b. Fees (Lab, Parking, etc.) \_\_\_\_\_  
c. Books \_\_\_\_\_  
d. Room/Rent \_\_\_\_\_  
e. Food \_\_\_\_\_  
f. Clothing (uniform, shoes, etc.) \_\_\_\_\_  
g. Transportation \_\_\_\_\_  
h. Child Care \_\_\_\_\_  
i. Utilities \_\_\_\_\_  
j. Other \_\_\_\_\_
- 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.

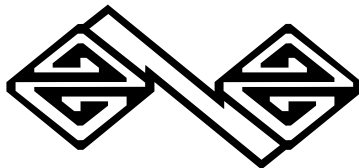
**D. Career Goals**

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.



**F. References**

Please give names and addresses of three non-related responsible persons in a health field who know 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  
4212 North 16<sup>th</sup> Street  
Phoenix, AZ 85016

*Note: Only completed applications will be considered.*

