Izee´ Baa Gowąh
San Carlos Apache Healthcare

San Carlos Apache Healthcare Scholarship Program

San Carlos Apache Healthcare Corporation (SCAHC) is offering scholarships to San Carlos Apache Tribe (SCAT) enrolled members who are attending or will be entering an accredited post-secondary educational institution to pursue or continue a healthcare career. The purpose is to provide opportunities for enrolled Tribal members to gain the knowledge and skills necessary for positions within the healthcare community including SCAHC and ultimately to have these individuals assume roles within the leadership, clinical and non-clinical setting of SCAHC.

Funding is granted for one year at a time for a maximum of 4 years. The scholarship may be applied toward tuition, books and academic fees for the designated student for classes which he/she has registered.

Potential scholarship recipients must complete an application and provide the information identified below. Incomplete applications will not be reviewed.

Eligibility Requirements:
- Must be an enrolled member of the San Carlos Apache Tribe
- Must be pursing a degree in a Healthcare Career field
- Must have a 3.0 cumulative grade point average, or higher, on a 4.0 scale
- Provide proof of enrollment or acceptance to an accredited post-secondary educational institution
- College Student: Must be a full-time undergraduate student with at least 12 credit hours per semester
- High School Student: Must be a high school senior with proof of full-time enrollment to an accredited college/university

Applications must include the following:
- Official high school/college transcripts (must be submitted by institution in a sealed envelope)
- Letter of Admission from chosen accredited college or university
- Two letters of recommendation (from mentors, school officials, elected officials, civic leaders, religious leaders, etc.) in sealed envelopes and should contain contact information for the author
- A 300-word essay titled, "*Why I Desire this Scholarship*" that outlines your educational goals. Essay should include a description of your career aspirations, obstacles you faced as a student and your involvement and commitment to your tribal community life.

Application, transcripts, and other pertinent documents must be signed, completed and submitted no later than 5:00 PM on Friday, May 3, 2024. Applications can be submitted to San Carlos Apache Healthcare, 103 Medicine Way Road, Peridot AZ 85542 Attn: Kerri Sangster. Please contact Kerri Sangster at (928)475-1235 or kerri.sangster@scahealth.org for questions.

Scholarship award will be sent to the accredited educational institution and in the name of the student. Current SCAHC employees are ineligible for this program. Please see SCAHC Human Resources for other educational opportunities.

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San Carlos Apache Healthcare Scholarship Application

Name: _____
Last   First   M.I.

Date of Birth: _____   Social Security Number: _____

Telephone Number: _____   Email Address: _____

Mailing Address:

_____
PO Box / Street   Unit #   City   State   Zip Code

List all high school and college/universities attended starting with the most recent (***cumulative grade point average on a 4.0 scale must be provided***):

Name of Institution	City/State	Dates Attended (MO/YR)	Graduation Date (MO/YR)	Current Cum. GPA
Name of Institution	City/State	Dates Attended (MO/YR)	Graduation Date (MO/YR)	Current Cum. GPA

Declared Major: _____ Degree Currently Pursuing (i.e., AA/AS/BA/BS): _____

Academic Honors and Awards:
_____
_____

Student Activities and Sports:
_____
_____

Community Activities:
_____
_____

I hereby certify that the information provided on this application is complete and correct to the best of my knowledge. I also hereby give the San Carlos Apache Healthcare Scholarship Committee authorization to contact references and institutions listed to verify information provided, and to also use my name and likeness in promotional materials in the event I am chosen to receive a scholarship.

Applicant Signature: _____   Date: _____

Parent Signature: _____   Date: _____
(If under the age of 18)