



**Izee' Baa Gowah**  
San Carlos Apache Healthcare

## SCAHC Postgraduate Scholarship Program

San Carlos Apache Healthcare Corporation (SCAHC) is offering a postgraduate scholarship to a San Carlos Apache Tribe (SCAT) enrolled member who has been accepted into or currently enrolled in a program of postgraduate study to pursue a healthcare career. Our goal is 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. The funding may be applied toward tuition, books and academic fees for the recipient.

An application for the scholarship must be completed by providing 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 pursuing a postgraduate degree within a healthcare field
- Must have a 3.0 cumulative grade point average, or higher, on a 4.0 scale
- Provide proof of enrollment or acceptance to a postgraduate educational institution
- Must provide one-year of service upon completion of degree.

### **Applications must include the following:**

- Official 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 500-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).

**Applications and transcripts (electronic transcripts) can be submitted via email to: [kerri.sangster@scahealth.org](mailto:kerri.sangster@scahealth.org), mail-in submissions to San Carlos Apache Healthcare; Human Resources Department, 103 Medicine Way Road, Peridot AZ 85542 Attn: Kerri Sangster, or in-person to the Human Resources Center. Application, transcripts, and other pertinent documents must be signed, completed and submitted no later than 5:00 PM on Friday, May 17, 2024.**

\*\*\*Please see SCAHC Human Resources for other educational opportunities.

The scholarship will be sent to the recipient in the name of the accredited educational institution and in the name of the student.

**Questions or concerns:** Please contact Kerri Sangster at (928)475-1235 or [kerri.sangster@scahealth.org](mailto:kerri.sangster@scahealth.org)



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## SCAHC Postgraduate Scholarship Application Form

Name: \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address:

PO Box / Street Unit # City State Zip Code

List all degrees obtained 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

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

Declared Major: \_\_\_\_\_ Degree Currently Pursuing: \_\_\_\_\_

Academic Honors and Awards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_