

## **MACT Health Board Scholarship Application**

Name			Phone		
Address	Street	City	V	State	Zip
		•	F		-
Age	Date of Birth	Sen IN	<u> </u>	Tribal Affil	iation
School of Atte	ndance			School I.I	D. #
Career you are	pursuing				
List any other	scholarships you hav	e received and the	e amounts.		
Scholarship		Amount	Scholarship		Amount
Note: Please i	use additional paper	if necessary.			

Additional Resources and Scholarship Opportunities

- Bureau of Indian Education <u>www.bie.edu</u>
- US Department of Interior, Indian Affairs www.bia.gov
- National Indian Education Association <u>www.niea.org/scholarships</u>
- American Indian Services Scholarship <u>www.americanindianservices.org/students</u>
- *Indian Health Services* <u>www.scholarship.ihs.gov</u>



## **MACT Health Board Scholarship Application – Continued**

**School Participation** 

List all activities in which you participate/participated in school and indicate the grade during which you participate/participated. Examples include: Honor Roll, Special Activities, Visual/Performing Arts, Special Awards, Government, Organizations, etc.

	Grade/Year				
Awards/Honors, Activities, Organizations, Government, etc.	9 C	10 ollege	11	12	



MACT Health Board Scholarship Application – Continued				
Extra-Curricular Activities				
List all extracurricular activities in which you participate/participated in.				
Indian Community Involvement (Past and Present)				
Employment (Paid or Volunteer)				
Hobbies/Interests				

MACT Health Board Scholarship Application – Continued

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to the MACT Health Board, Inc. to contact my school, if necessary, to verify provided information.

Signature of Applicant

Print Name

Date

TO BE COMP	LETED BY MACT HEALTH	H BOARD, INC.	
Reviewed by:	<del></del>		
	Name	Title	Date
	Name	Title	Date
	Name	Title	

Approved/Denied Date