



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 COMPLETED BY MACT HEALTH BOARD, INC.

Reviewed by:

Name

Title

Date

Name

Title

Date

Name

Title

Date



Approved/Denied

Date