



Sierra Miwuk Scholarship Application

First Name _____ M.I. _____ Last Name _____

Street Number or P.O. Box _____ City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

University, College, Or Vocational School in which you are enrolled _____

Student I.D. Number or Social Security Number _____ Tribal Affiliation _____

Circle One:

Full Time (12 credits or more)	Half Time (6-11 credits)	Quarter Time (3-5 credits)
\$2500.00	\$1250.00	\$625.00

Are you a returning applicant? Yes _____ No _____

Instructions:

1. Applications must be completed in their entirety. Do not leave any items blank.
2. Type or print in blue or black ink.
3. Attach a current copy of your class schedule. Determination of eligibility will depend on proof of enrollment and credits that you are enrolled in.
4. Mail completed forms to:
MACT Health Board, Inc.
Board of Directors
Attn: Sierra Miwuk Scholarship Application

PLEASE READ AND INITIAL EACH STATEMENT

_____ I understand that it is my responsibility to notify MACT Health Board, Inc. of any changes (including but not limited to) additional classes, withdrawal from classes and/or failing grades.

_____ I understand that it is my responsibility to provide MACT Health Board, Inc. with a copy of my final grade report as soon as it becomes available.

_____ I understand that if I fail to provide my final grade report to MACT Health Board, Inc. it will disqualify me of any future eligibility considerations of all scholarship funds.

_____ I understand if my GPA is not a 2.0 or greater, I will not be eligible for the Sierra Miwuk Scholarship the following semester.

Additional Information

- You must be enrolled in a University, College or Vocational School prior to approval of a scholarship.
- Scholarships are approved by the MACT Health Board Inc., Board of Directors on a case by case basis.
- Eligibility and scholarship amounts are determined by 3 main factors:
 - Tribal Affiliation
 - The amount of credits you are enrolled in
 - Location – You must live in or be from; Mariposa, Amador, Calaveras or Tuolumne Counties.
- Scholarship amounts will vary from \$2500 (full time) to \$625 (quarter time). Scholarship are renewable every semester and the maximum monies awarded per person, per year is \$5000.
- If the MACT Health Board, Inc. awards a scholarship, all monies will be sent directly to the Financial Aid office of the school you are enrolled in.
- Determination of eligibility acceptance, monies awarded and other pertinent information will be mailed to applicant upon decision from the MACT Health Board, Inc., Board of Directors.

By signing below, I hereby certify all the above information is true and correct to the best of my knowledge.

Signature

Date