Connecticut Native American Intertribal Urban Council

*Mailing address: 545 Whalley Ave New Haven, Ct. 06511*

**Scholarship Application Instructions**

This scholarship was developed to assist Native American students residing in and attending school in Massachusetts, Connecticut, or Rhode Island. The applicant must be enrolled in or accepted to a Nursing or Pharmacy Program.

The following information and application should be read and filled out completely to be eligible for consideration of an award.

**Eligibility**

- Applicants must be Native American.
- All applications **must** be postmarked or hand delivered to 545 Whalley Ave New Haven, Ct. 06511 Attn: Scholarship Committee no later than **Tuesday April 30, 2013** to be considered eligible.
- The applicant **must** reside in Massachusetts, Connecticut, or Rhode Island (proof of residence is required)
- All applicants **must** be enrolled in or accepted to a School of Pharmacy or a Nursing Program.(Proof of enrollment, prior to the time of award recognition is required)
- All applicants **must** supply proof of Native American ancestry through written documentation (acceptable forms of documentation—Ancestry/Genealogy chart, Census records, Birth and Death records, etc.)
- Scholarships are open to family members of CT-NAIUC
- Two letters of recommendation (one of which should be from a Native American, where possible)
- Students need solid grades plus community services or work related to field of interest
- All applicants **must** have at least a **2.0 GPA**
- CNA programs and Pharmacy Assistant and Technician programs are excluded
- Registered members of a Federally Recognized tribes are excluded

**Judging Criteria**

All applications that are completed and signed will be judged by the committee based on the following criteria:

- Student’s scholastic record
- Student’s multimedia project/essay (How well they developed the topic, Creativity, Grammar / Spelling and overall presentation)
- Students community service and work experience
- Other student achievements
Requirements

- Application
- 2 letters of recommendation
- Essay/Multimedia Project
- Official transcript
- Proof of Native American Ancestry
- Proof of residency
- Proof of acceptance into a Nursing or Pharmacy program
- Awardees will be required to have their picture taken receiving the awards

Instructions

- Applicant’s name should appear on all items submitted
- All documents should be typewritten double-spaced
- All judging will be done by (non-related) members of the Scholarship Committee
- All finalist will be notified by mail by Saturday May 18, 2013 and requested to accept the award at the Pow-Wow
- Applicants not accepted will be notified also
- Selections will be completed by Saturday May 18, 2013
- Awards will be presented at the Pow-Wow exact date and time will be determined by the council. Awardees will be contacted prior to that date

All awards will be voted on by the committee and approved by the Council Chairperson

The Awards are based on the number of applications received each year. All awards will be selected according to the criteria above.

Applications must be mailed or hand delivered to Connecticut Native American Intertribal Council 545 Whalley Ave. New Haven, CT. 06511 Attn: Scholarship Committee

All materials submitted for consideration will become the property of The Connecticut Native American Intertribal Urban Council

The Council is not responsible for lost, misdirected, damaged or otherwise illegible submissions. No phone calls will be accepted to check the status of or information given regarding applications until the final list is developed.

By signing and submitting an application, the applicant agrees that their information will be reviewed by committee members, and their pictures and/or award amount may be used in a publication or newsletter. Awardees may also be asked to attend a special meeting or promotional event regarding their award. Personal information contained on the application is for the purpose of this award only and will not be disclosed, sold or used in any manner by any others persons. All information will be kept confidential.
Student Name __________________________________________

Home Address __________________________________________

City __________________________ State ________________ Zip ________________

Email Address __________________________________________

Home Phone __________________________ Additional Phone Number __________________________

Mother Name __________________________________________

Home Address __________________________________________

City __________________________ State ________________ Zip ________________

Home Phone __________________________ Additional Phone Number __________________________

Father Name __________________________________________

Home Address __________________________________________

City __________________________ State ________________ Zip ________________

Home Phone __________________________ Additional Phone Number __________________________

Education Status

Name of the School you are Presently Attending __________________________

School Address __________________________________________

City__________________________ State________________ Zip________________
Check which scholarship you are applying for Pharmacy ____ Nursing ____

School Acceptance

School Name _________________________________________________________________

Address ________________________________________________________________

City __________________________ State __________________ Zip _______________

Expected Graduation Date __________

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Please describe any scholastic Distinctions, honors or awards you have received.

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Please list your extracurricular activities and hobbies including sports, church, community and volunteer services.

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Please list any related work experience that you currently have.

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Type of Projects
Essays, Power Point, Video, DVD, or other type of graphic displays

Requirements

Essay must be 500 words or less. The essay must be typed and double-spaced on any one of the topics.

All other projects must be ten minutes or less on any one of the topics.

List of topics

1 How you plan to utilize your field of interest in advancing Native Americans?

2 How do you feel Native American ancestry will serve as a benefit to your field of study?

3 What has been the most powerful lesson you have learned from a Native American relative?

4 How does your Native American culture affect your life, as you pursue your career interests (relating to Pharmacy or Nursing) today?

5 How has your Native American culture paralleled your interest?

6 What Native American person has influence you in your field of study & why?

7 What type of animal do you feel reflect your character and why?

For the application to be considered complete, the following must be included:

1. Official copy of student’s transcript

2. 2 letters of recommendation

3. Essay or other project

4. Proof of acceptance into Pharmacy or Nursing program (required at time of award recognition)

5. Proof of Native American ancestry

6. Proof of residency