

PAWNEE NATION HUMAN RESOURCES COMMITTEE
SCHOLARSHIP PROGRAM

The Pawnee Nation Medical Advisory Committee will hold an annual scholarship for enrolled Pawnee Tribal members who are enrolled in college or university full-time. Each applicant will follow the application process and submit a written essay for consideration. The amount of the scholarship awarded will be at the discretion of the Committee based upon the availability of funds. This is a one-time award, made in the month of August. There will be no limit on how many times an applicant may apply.

SCHOLARSHIP NAME: Pawnee Nation Medical Advisory Committee Scholarship

AMOUNT: VARIES

AWARDS AVAILABLE: 2

DEADLINE TO APPLY: August 31st

SCHOLARSHIP DESCRIPTION:

The Medical Advisory Committee of the Pawnee Nation of Oklahoma will award two scholarships. Eligible applicants who are enrolled in an accredited Health Sciences program may apply. For more information, please visit the Pawnee Nation of Oklahoma website.

CONTACT INFORMATION:

Pawnee Nation Medical Advisory Committee

PO Box 470

Pawnee, OK 74058

www.pawneenation.org

(918)762-3621

Email: ge1127@pawneenation.org

Qualifications:

1. Must be an enrolled Pawnee Tribal member;
2. Studying for a degree in an accredited Health Sciences program;
3. Enrolled full-time in a Junior College, Trade School or University and provide class schedule;
4. Provide a unofficial transcript; and
5. Submit a 250-word essay on Why you chose the field of study.

Deadline for applications will be August 31st of each year.

Each awarded scholarship will be awarded in the month of August in the form of a check directly to the applicant.

Pawnee Nation Medical Advisory Committee Scholarship
Program

APPLICATION CHECKLIST

- Completed Application (submitted by August 31st deadline)
- Proof of enrollment (Pawnee Nation CDIB)
- Letter of Admission/Acceptance
- Current Class Schedule
- Unofficial College/University Transcript
- Unofficial High School Transcript/GED
- 250 Word Essay

Pawnee Nation Medical Advisory Committee
Scholarship Program

APPLICATION

Committee Use Only:

_____ Awarded

_____ Denied

Amt: \$ _____

Date: _____

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Mailing Address:

Street City State ZIP

Preferred Communication: (circle) Phone Mail Email

Date of Birth: _____ Enrollment #: _____

Education at Enrollment: _____ Student _____ H.S. Diploma _____ GED
_____ Attending College _____ College Graduate

Enrollment Status: _____ Full-Time _____ # of Hours

Type of School: _____ Junior/Community College _____ Private _____ Other
_____ Trade School _____ College/University Name of School: _____

Classification: _____ Freshman _____ Sophomore _____ Junior _____ Senior
_____ Other

Major: _____ Minor (if applicable): _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY MISREPRESENTATION ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF THE INCOMING SCHOLARSHIP YEAR OR FUTURE YEARS. I ALLOW THE RELEASE OF INFORMATION FOR VERIFICATION PURPOSES ONLY. I UNDERSTAND THE COMPLETION AND SUBMISSION OF THIS APPLICATION AND REQUIRED DOCUMENTS DOES NOT CERTIFY ELIGIBILITY OF SERVICES.

Applicant Signature: _____ Date: _____