

TOIYABE INDIAN HEALTH PROJECT, INC.

COMMUNITY EDUCATION FINANCIAL ASSISTANCE PROGRAM

Toiyabe Indian Health Project, Inc. believes in fostering the education and skills of their Native American people who are preparing for certification or licensure in allied health care fields, as defined by Indian Health Service. Therefore, Toiyabe grants financial assistance for education program opportunities to qualified candidates.

1. The candidate must be a graduating senior, a continuing vocational or college student or a community member wishing to attend a vocational school or college for a health-related activity. The candidate must be in need of financial assistance, be serious of purpose and serious of scholastic achievement.
2. Toiyabe Indian Health Project, Inc. will provide financial assistance for tuition, tools/uniforms and books not to exceed \$2,500 per academic year depending on budgetary constraints. Awards are payable over two semesters – a maximum of \$1,250 per semester. Approval of second semester award is dependent upon continued eligibility.
3. The candidate must be a Native American of a local tribe or a Native American who permanently resides within the Toiyabe service area (Inyo or Mono County). The candidate must show documented proof of tribal membership and/or certificate of Indian blood.
4. The candidate must meet the requirements of the education program and be able to attend the class schedule as required. The financial assistance award must be paid back to the Toiyabe Indian Health Project, Inc. if the candidate fails to complete their course of study during the term of this award.
5. A copy of the candidate's high school or college transcripts for the scholarship period must be submitted to Toiyabe Indian Health Project, Inc. directly from the school's office where the applicant is presently attending or has attended.
Send all correspondence to:

**Toiyabe Indian Health Project, Inc.
Human Resource Manager
250 See Vee Lane
Bishop, CA 93514**

6. If the candidate fails to complete their education program the candidate will not be considered for future assistance.
7. Should the candidate change their course of study mid-semester, they must notify the committee immediately and provide documentation of their new course of study (i.e. new class schedule, declared major). If the candidate fails to notify the committee and submit correct information on two consecutive occasions, the candidate shall be disqualified to receive the assistance in the future.
8. The candidate must carry a minimum of 12 units per semester and must maintain a Grade Point Average (GPA) of 2.0 at all times.
9. Selection Committee: The Selection Committee will consist of the Toiyabe Board Personnel Committee.
10. Application Process: The notice and financial assistance application form will be posted at all Toiyabe Clinic sites and Tribal offices not less than one month prior to application deadlines. The notice will state:
 - Documentation to be submitted;
 - Where to submit application;
 - Deadline for submittal; and
 - Date award will be made.

All qualified applications will be forwarded to the Selection Committee for consideration. The Selection Committee's decision is final and may not be appealed.

**TOIYABE INDIAN HEALTH PROJECT, INC.
EDUCATION ASSISTANCE AWARD PROGRAM APPLICATION**

The information provided on this application will be used by Toiyabe Indian Health Project, Inc. to select award recipients for the Employee Award Program and the Community Education Financial Assistance Program.

Deadlines: July 1st Annually & December 1st Annually

Please send your completed application and all required paperwork to:

Toiyabe Indian Health Project, Inc.
Human Resource Manager
250 See Vee Lane
Bishop, CA 93514

Please type or print:

Date: _____

1. Applying for: _____ Employee Award Program _____ Community Education Assistance

2. Student's Full Name _____

Mailing Address _____

Phone No. _____ Message No. _____

Tribal Affiliation _____
(Tribal verification must be included)

3. List honors and awards received in school, clubs, student activities, and involvement in sports:

4. List your work experience (include volunteer work):

Employer	Position	Location	Length of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. *Are you a full-time employee of Toiyabe Indian Health Project, Inc.? _____
 If "yes", how long? _____
 *(Does not apply if you are submitting application for Community Financial Assistance Award).
6. Where do you plan to go to college (university, community or vocational/ technical school)?

7. Have you applied for admission? _____ If "yes", please list names:

8. Please attach a one- page essay relating to your eventual health career goal.
9. Have you applied for other scholarships/grants including Indian Health Service? If "yes", please list all applied for, any received, and the amount(s) of the award:

10. Please attach invoices/ statements for all academic related costs, i.e. tuition, material costs (books, etc.)
11. Have your college or high school send OFFICIAL transcripts directly to:
 Toiyabe Indian Health Project, Inc.
 Human Resource Manager
 250 See Vee Lane
 Bishop, CA 93514

By my signature below, I understand it is my responsibility to certify that I am in attendance before I receive my award. The college, university, community or vocational/ technical school will notify Toiyabe Indian Health Project, Inc. Selection Committee of enrollment. I further understand that should I fail to complete my educational program, I will repay the amount of assistance received by me from Toiyabe.

 Applicant Signature

 Date