Scholarship Application for American Indian Scholars Program
Academic Year 2018 – 2019
Deadline: March 29, 2019

AWARD DESCRIPTION
The American Indian Scholars Program aims to provide financial support for American Indian and Alaska Native (AI/AN) students seeking a masters or doctoral degree at the Johns Hopkins School of Public Health. Candidates need to demonstrate dedication to improving the health, well-being and self-sufficiency of AI/AN people.

Scholarship support is based on availability of funding and may include support, in full or in part, for tuition, stipend, books and tutoring services. In addition, partial support may become available for AI/AN students at the Johns Hopkins Schools of Medicine and Nursing, based on funding availability.

REQUIRED QUALIFICATIONS
Applicants must:
- Be admitted into a full-time degree program at the Johns Hopkins Bloomberg School of Public Health (SPH), School of Medicine (SOM), or School of Nursing (SON)
- Demonstrate financial need. Priority will be given to students with limited financial resources
- Must have maintained a minimum GPA of 3.0 in prior degree program
- Must submit transcripts to the Center at the end of each quarter scholarship is received.

APPLICATION CHECKLIST
- Completed and signed application
- Most current resume or curriculum vitae
- Transcripts (official or unofficial) to verify GPA and completion of Bachelors degree
- Proof of tribal enrollment or descent from a federally recognized tribe*
- Personal statement (see Section 6 of this application for details)
- Two letters of recommendation and two completed recommendation forms, with at least one from a faculty advisor detailing your strengths, interests, aspirations, etc., that are less than two years old
- Proof of admission to degree program at SPH, SOM or SON

*If you have previously received a Public Scholarship from CAIH, you do not need to resubmit proof of tribal enrollment.

Submit completed application to:
The Johns Hopkins Center for American Indian Health
ATTN: Training and Scholarship Program
415 N. Washington Street, Baltimore, MD 21231
Fax: 410-955-2010
Or attach as a PDF or Word Document and email to otrujil2@jhu.edu

QUESTIONS? Please contact Olivia Trujillo at 410-955-6931, or via email at otrujil2@jhu.edu
Please read the instructions carefully and complete the application in full. Incomplete applications will not be processed. Award notices will be emailed to the preferred email address given on this application. Please note that neither receiving scholarship awards from CAIH nor academic performance in an Institute course do not guarantee admission into the School’s full or part-time academic degree programs.

**SECTION 1: PERSONAL INFORMATION**

Name: _____________________________________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>M/F</th>
</tr>
</thead>
</table>

Tribal affiliation: ____________________________________ Date of Birth: _____________________

Country of Legal Residence: __________________________ Citizenship: ______________________

Home Address: __________________________________________________________________________

Street / Apt #

City / State / Zip

Work Address: __________________________________________________________________________

Street / Apt # / Suite

City / State / Zip

Preferred Mailing Address: ☐ Home ☐ Work

Home Phone: ___________________ Work Phone: ___________________ Cell Phone: _________________

Email: _________________________ Fax: _________________________

**SECTION 2: ACADEMIC SUMMARY (Most recent first)**

<table>
<thead>
<tr>
<th>School</th>
<th>Area of Concentration</th>
<th>Degree/Certification</th>
<th>Year Rec’d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 3: PROFESSIONAL SUMMARY (Most recent first)

1. ____________________________
   Employer
   
   Position/Title ____________________________ Dates ____________________________
   
   Activities

2. ____________________________
   Employer
   
   Position/Title ____________________________ Dates ____________________________
   
   Activities

3. ____________________________
   Employer
   
   Position/Title ____________________________ Dates ____________________________
   
   Activities

SECTION 4: HONORS AND DISTINCTIONS (Most recent first)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 5: EXTRACURRICULAR ACTIVITIES

Include school and community activities.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 6: PERSONAL STATEMENT

Please compose and attach an original essay that describes how you became interested in a health career with AI/AN communities, and demonstrates your commitment to improving the health of AI/AN peoples. Discuss your background (including community involvement, leadership roles, and achievements), academic and professional goals, and illustrate how receiving scholarship support to attend Institute will assist you in achieving your goals and in improving the health of AI/AN communities.

Your personal statement is your first opportunity to demonstrate your writing skills to our faculty, so take care to submit a concise and well-constructed essay.

Statements must:
- Be current (no later than two years old);
- Be between two and three double-spaced pages in length;
- Be dated; and
- Have your name on each page.

We understand that types of background and professional experiences, and academic performance, are unique to each applicant and may vary widely from individual to individual. If you feel that our current application does not otherwise provide an opportunity for you to share details about your full potential as a promising or continuing health leader for the AI/AN community, please clarify this in this essay.

Your essay will be evaluated on the strength of how well you demonstrate your:
- Commitment to improving AI/AN communities/health is evident in your background
- Commitment to improving AI/AN communities/health is evident in your academic/professional goals
- Experience in leadership roles in AI/AN communities
- Potential for future leadership roles in AI/AN communities
- Clear vision of how the Program will be used
- Overall potential for success in this Program
SECTION 7: JHU AFFILIATION (complete only if you are currently affiliated with JHU)

☐ Alumnus  ☐ Employee  ☐ Attended Continuing Education Course (i.e. Institute)

Are you currently a degree-seeking student at the Johns Hopkins University?  ☐ Yes  ☐ No

School ____________________________________  Degree Program __________________________________

SECTION 8: FINANCIAL NEED

Please list all other scholarships you have applied for. What are the award amounts, and what is the status (i.e. haven’t heard back, award granted, etc)

SECTION 9: AFFIRMATION OF ACCURATE INFORMATION

I affirm that the information on this application form, and on any additional material that I submit related herewith, is complete, accurate, and true to the best of my knowledge. I understand that furnishing any false, misrepresented or incomplete information in any of my application materials may be cause for denial or revocation of scholarship or award, admission, registration or academic credit. I understand that any materials submitted related to my application become the property of the Johns Hopkins University and cannot be returned or forwarded to a third party. I understand that the decision made on my application is final and not subject to appeal.

Finally, I agree that if awarded this Scholarship, I will adhere to all the rules and regulations applicable to students of the Johns Hopkins School of Public Health, including but not limited to the Student Conduct Code and Student Honor Code.

Signature of Applicant: _______________________________  Date: ________________

Submit completed application form and all supporting documentation by mail, fax or email, Attention Carly Chiwiwi, at the number or address below.

Johns Hopkins Center for American Indian Health
Training and Scholarship Program
621 N. Washington Street
Baltimore, MD  21205
Phone:  443-287-8788
Fax:  410-955-2010
Email:  Olivia Trujillo otrujil2@jhu.edu
RECOMMENDATION FORM

(To applicant: Please complete the upper portion of the recommendation form and forward it to a person who is familiar with your professional work, or to a college or graduate faculty member who is acquainted with your academic record.)

Applicant’s Name: _____________________________________________

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
</tr>
</thead>
</table>

Email: ________________________________________________________

You may waive the right of access to your recommendation form in order to provide confidentiality to your references. If you wish to waive your right to examine this evaluation, please sign here.

Applicant’s signature: _________________________________________ Date: __________

TO THE PERSON COMPLETING THE RECOMMENDATION FORM:
Please rank the applicant in comparison with others applying for a graduate-level certificate program. In addition to the completed chart below, a written statement is essential to our evaluation of this applicant.

<table>
<thead>
<tr>
<th>Top 5%</th>
<th>Top 10%</th>
<th>Top 20%</th>
<th>Top 50%</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breadth of general knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantitive/Analytical ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to carry out individual research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promise as a public health researcher/practitioner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RECOMMENDATION FORM, cont’d

Please mark one:

- Recommend enthusiastically  
  Signature: ____________________________
- Recommend with confidence  
  Name (Print): ____________________________
- Recommended  
  Title and Department: ____________________________
- Recommended with reservation  
  Institution: ____________________________
- Not Recommended  
  Address: ____________________________
  Telephone: ____________________________
  Email Address: ____________________________

WRITTEN STATEMENT

The Johns Hopkins School of Public Health would appreciate a candid statement from you concerning this applicant. In your written statement please be sure to comment on the following:

- How long have you known the applicant, and in what capacity
- What you consider to be the applicant’s strengths and talents
- Any weakness that may impede the applicant’s ability to pursue rigorous graduate study
- How much thought you feel the applicant has give to study public health
- English proficiency, if the applicant’s native language is not English
- The ratings you have assigned in the chart above
- Any additional comments about the applicant’s record, potential, or personal qualities that you feel would be helpful to the admissions committee.

Please use the reverse side of this sheet or an attached letter for your written statement.

Please return completed form and written statement promptly to:
Center for American Indian Health
Attn: Training and Scholarship Program
415 N. Washington Street, 4th floor
Baltimore, MD 21231
Phone: 410-955-6931

If you have any questions, please contact Olivia Trujillo at the Center at 410-955-6931 or otrujillo@jhu.edu. Thank you for providing this information.
RECOMMENDATION FORM

(To applicant: Please complete the upper portion of the recommendation form and forward it to a person who is familiar with your professional work, or to a college or graduate faculty member who is acquainted with your academic record.)

Applicant’s Name: ________________________________

Last name  First name  Middle name

Email: ____________________________

You may waive the right of access to your recommendation form in order to provide confidentiality to your references. If you wish to waive your right to examine this evaluation, please sign here.

Applicant’s signature: ____________________________ Date: ______________

TO THE PERSON COMPLETING THE RECOMMENDATION FORM:

Please rank the applicant in comparison with others applying for a graduate-level certificate program. In addition to the completed chart below, a written statement is essential to our evaluation of this applicant.

<table>
<thead>
<tr>
<th></th>
<th>Top 5%</th>
<th>Top 10%</th>
<th>Top 20%</th>
<th>Top 50%</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breadth of general knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quantitive/Analytical ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to carry out individual research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promise as a public health researcher/practitioner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RECOMMENDATION FORM, cont’d

Please mark one:

- Recommend enthusiastically
- Recommend with confidence
- Recommended
- Recommended with reservation
- Not Recommended

Signature: _________________________________

Name (Print): _________________________________

Title and Department: _________________________________

Institution: _________________________________

Address: _________________________________

Telephone: _________________________________

Email Address: _________________________________

WRITTEN STATEMENT

The Johns Hopkins School of Public Health would appreciate a candid statement from you concerning this applicant. In your written statement please be sure to comment on the following:

- How long have you known the applicant, and in what capacity
- What you consider to be the applicant’s strengths and talents
- Any weakness that may impede the applicant’s ability to pursue rigorous graduate study
- How much thought you feel the applicant has give to study public health
- English proficiency, if the applicant’s native language is not English
- The ratings you have assigned in the chart above
- Any additional comments about the applicant’s record, potential, or personal qualities that you feel would be helpful to the admissions committee.

Please use the reverse side of this sheet or an attached letter for your written statement.

Please return completed form and written statement promptly to:

Center for American Indian Health
Attn: Training and Scholarship Program
415 N. Washington Street, 4th floor
Baltimore, MD 21231
Phone: 410-955-6931

If you have any questions, please contact Olivia Trujillo at the Center at 410-955-6931 or otrujil2@jhu.edu. Thank you for providing this information.