



American Indian Health Research and Education Alliance Scholarship Application

The American Indian Health Research and Education Alliance (AIHREA) Scholarship is available to college students of any age, gender, socio-economic status, physical ability, and so forth who are seeking skills, a degree, and/or a career working to improve the physical, mental, emotional, and/or spiritual well-being of American Indians and Alaska Natives. While preference will be given to Native students, anyone, regardless of ethnicity, is welcome to apply.

The AIHREA Scholarship can be used at any community college, tribal college, 4-year college, or university in the United States. Any academic major is eligible to apply. The scholarship money can be used for tuition, fees, books, and required class materials.

A completed application must include the following:

- A completed American Indian Health Research and Education Alliance Scholarship Application.
- A one-page narrative (maximum 350 words) of your educational and professional goals and the reason you feel you deserve the award.
- At least one letter of support from an official representative (such as an instructor, director, tribal council member, etc.) of a college or university, a professional organization, a volunteer organization, or an Indian nation.

Please note that all required information must be included at the time of submission.

Please Type or Print

Name: _____

Tribal Affiliation (if applicable): _____

Address _____

Phone: Day: () _____ Evening: () _____ Cell: () _____

Email: _____

Academic year for which you are applying for the scholarship: _____

Semester for which you are applying for the scholarship: Fall ___ Spring ___ Summer ___

Are you currently enrolled at a college or university? (If yes, in which college or university are you enrolled): _____

Major or intended major: _____

Cumulative GPA (if applicable): _____

Number of credit hours earned toward a degree (if applicable): _____

Are you currently receiving any other educational aid? (If yes, please list the source or sources): _____

The information I have provided on the American Indian Health Research and Education Alliance Scholarship application is true and accurate to the best of my knowledge. I have read, understand and agree to abide by the terms of the scholarship if awarded. If for any reason I can no longer abide by the terms of the scholarship, I will inform AIHREA immediately. In such an instance, I acknowledge that I may have to return any remaining scholarship money to AIHREA.

Signature: _____ Date: _____

Please return the completed application and required information to:

The American Indian Health Research and Education Alliance Scholarship
C/O Dr. Sean M. Daley
Johnson County Community College
12345 College Blvd., Box #36
Overland Park, Kansas 66210

If you have any questions about the scholarship or application, please contact Dr. Sean M. Daley at (913) 469-8500, ext. 4823 or at smdaley@jccc.edu

AIHREA can be reached at (913) 469-8500, ext. 4570, or at www.aihrea.com