NativeVision Scholarship

Purpose
Established in 1996, NativeVision gives annually a $5,000 college scholarship to outstanding American Indian young people with a commitment to education, athletics and leadership.

Eligibility
Candidates must:
1. Provide proof of tribal membership, or denote why proof is not applicable;
2. Demonstrate a sustained involvement in tribal community and an applied concern for Indigenous issues and initiatives;
3. Maintain a grade point average (GPA) of 3.0 or higher at the time of application;
4. Demonstrate involvement in extracurricular, athletic activities, and/or additional learned skills (e.g., languages, computer skills, software/programs fluent in, etc.);
5. Be admitted to an accredited community college or four-year undergraduate program (for fall 2020).

Application Checklist
Application for the NativeVision Scholarship must include the following items. Applications missing any of the following items will not be considered.

□ Completed application describing school activities, community services, athletic activities, additional skills, and financial information.
□ Proof of tribal membership or information on lack of proof.
□ Copy of your acceptance letter to school in the fall of 2020.
□ A 200-word essay explaining goals for the future and how the NativeVision scholarship would assist in achieving dreams. Please emphasize how goals relate to continued involvement in American Indian communities.
□ High school transcript indicating GPA of 3.0 or higher.
□ Two (2) completed recommendation forms including written statements from recommenders (recommendations cannot come from a family member).
□ PLEASE MAKE SURE YOUR NAME IS ON ALL APPLICATION MATERIALS & ESSAYS.

Application Submission
Submit completed applications to:
Marlena Hammen
NativeVision Scholarship
Johns Hopkins Center for American Indian Health
415 N. Washington Street
4th Floor
Baltimore, Maryland 21231
Telephone: 410-955-6931; Fax: 410-955-2010

Applications must be received by Ms. Hammen no later than June 15, at 5pm (EDT)
APPLICANT INFORMATION

Name: ____________________________________________________________

Permanent Address: _______________________________________________

Home Telephone: _______________________ Cell Telephone (Applicable): __________

Email Address: ____________________________________________________

Date of Birth: ______________ Place of Birth: ___________________________ Sex: ________

Name of High School Attended: _______________________________________

Name and Address of Tribal Affiliation: ________________________________

Parents: __________________________________________________________

List College or University accepted in or attending (Name, City and State): _________________

Intended Major: ____________________________________________________

School Activities (ex: clubs, student council, student year book, etc.): _______________________

Community Service (ex: volunteer work at organizations or in the community): 

Athletics Activities: _________________________________________________

Strengths & Additional Skills (e.g. languages, computer skills, software/ programs fluent in, etc.):

List any Awards/Honors you have received (ex: Honor Roll, Principal List, Math achievements, etc.):

_______________________________________________________________
Essay: See topic above and present on separate sheet(s) of paper.

Parents or Guardian

Full Name: 

Address: 

Telephone: 

List Expected Expenses of the College you will be attending
(Ex. Tuition, room & board, books, etc.)

List Other Financial Assistance Applied for and/or receiving:

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I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATION ON INFORMATION ON THE APPLICATION RENDERS IT SUBJECT TO REJECTION AND INELIGIBILITY.

_________________________  __________________________
Student Signature          Date

TO THE BEST OF MY KNOWLEDGE, THE ATTACHED ACADEMIC INFORMATION IS ACCURATE.

_________________________  __________________________
High School Counselor Signature     Date
NativeVision Scholarship  
Letter of Reference

Teacher or Instructor

Applicant Name: ____________________________________________________________

Field of Study: ___________________________ Related Field: ______________________

Degree Sought: ___________________________________________________________

For Use by Respondent. (Note: The individual named above is being considered for a scholarship. Please provide specific information about the applicant’s potential for success in his/her field of study. Feel free to attach a letter of recommendation instead.)

Signature of Respondent ___________________________ Date: ____________________

Name and Title of Respondent: ________________________________________________

Dept. or Position: __________________________________________________________

Institution (or Employer): ___________________________________________________

My Relationship to the applicant is: _________Teacher_________Other (Please Explain) ________________
NativeVision Scholarship
Letter of Reference

Individual (non-family member)

Applicant Name: __________________________________________________________

Field of Study: ___________________________ Related Field: _______________________

Degree Sought: ____________________________________________________________

For Use by Respondent. (Note: The individual named above is being considered for a scholarship. Please provide specific information about the applicant’s potential for success in his/her field of study.)

Signature of Respondent_________________________________________Date: __________________

Name and Title of Respondent: ______________________________________________________

Dept. or Position: ________________________________________________________________

Institution (or Employer): __________________________________________________________

My Relationship to the applicant is:_________Teacher_________Other (Please Explain) ____________________