

Native Vision Scholarship

Purpose

Established in 1996, Native Vision gives annual college scholarships to outstanding American Indian young people with a commitment to education, athletics and leadership.

Eligibility

Candidates must:

1. Be an enrolled member of a federally recognized tribe;
2. Demonstrate a sustained involvement in the community and an applied concern for American Indian issues and initiatives;
3. Maintain a grade point average (GPA) of at least 3.0 at the time of application;
4. Demonstrate involvement in extracurricular and/or athletic activities;
5. Be admitted to an accredited community college or four year undergraduate program (for fall 2012).

Application Checklist

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

- Completed application describing school activities, community activities, athletic activities and financial information.
- Proof of membership in a federally recognized tribe.
- A 200 word essay explaining goals for the future and how the Native Vision scholarship would assist in achieving dreams. Please emphasize how goals relate to continued involvement in American Indian/Alaska Native communities.
- High school transcript indicating GPA.
- Two (2) completed recommendation forms including written statements from recommenders (recommendations cannot come from a family member).

Application Submission

Submit completed applications to:

Marlena Hammen
Native Vision Scholarship
Johns Hopkins Center for American Indian Health
621 N. Washington Street
Baltimore, Maryland 21205
Telephone: 410-955-6931
Fax: 410-955-2010

**Applications must be received to Ms. Hammen by
May 4, 2012 at 5pm (EDT)**

APPLICANT INFORMATION

Name: _____

Permanent Address: _____

Home Telephone: _____ Work Telephone (Applicable): _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Sex: _____

Name of High School Attended: _____

Name and Address of Tribal Affiliation: _____

Parents: _____

College or University attending (Name, City and State): _____

Intended Major: _____

School Activities: _____

Community Activities:

Athletics Activities: _____

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

Parents or Guardian

Full Name: _____

Address: _____

Telephone: _____

List Other Financial Assistance Applied for and/or receiving:

Source

Amount

_____	_____
_____	_____
_____	_____

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

Native Vision 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) _____

Native Vision 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: _____

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My Relationship to the applicant is: _____ Teacher _____ Other (Please Explain) _____