

# *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 2022).

## **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 2022.
- 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  
4<sup>th</sup> Floor  
Baltimore, Maryland 21231  
Telephone: 410-955-6931; Fax: 410-955-2010

**Applications must be received by Ms. Hammen no later than  
May 20, 2022 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 yearbook, 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:**

| Source | Amount | Received/Pending |
|--------|--------|------------------|
| _____  | _____  | _____            |
| _____  | _____  | _____            |
| _____  | _____  | _____            |

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: \_\_\_\_\_

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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: \_\_\_\_\_

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